Film #G165 Item # 4
5/3/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3761

03738

Reg. Dist. No. 24

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; MARYLAND; LENGTH OF STAY (In this place) 7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 801 Buckingham Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 801 Buckingham Dr

3. NAME OF DECEASED (Type or Print): (First) Jack (Middle) Nelson (Last) Anderson

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-24-1903

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Anderson

14. MOTHER'S MAIDEN NAME: ? Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Margaret H Anderson (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary occlusion — Interval Between Onset and Death: Sudden death.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J Boschart (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 4-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 4/29/54; NAME OF CEMETERY OR CREMATORY: Warrenton Cem.; LOCATION (City, town, or county): Warrenton (State) Va

DATE REC'D BY LOCAL REG. 4-27-54; REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: The S N Hess Co ADDRESS: 2901 - 14th St N.W. Wash. D.C.

VS. A15A

RECEIVED
APR 29 1954
BUREAU V. S.

Film#G164 Item# 8 4/19/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

3762

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03739

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown; LENGTH OF STAY (in this place) 1 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS (Rural) R-1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown; STREET ADDRESS (If rural, give location) (rural) R-1

3. NAME OF DECEASED (Type or Print): (First) Charles; (Middle) Albert; (Last) Appleby

4. DATE OF DEATH: (Month) Apr; (Day) 3; (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-1-1894

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Brickmaker

11. BIRTHPLACE (State or foreign country): Germantown md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Albert Oden Appleby

14. MOTHER'S MAIDEN NAME: F. Jenne Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 579-05-8982

17. INFORMANT AND ADDRESS: Irene Appleby (wife) same as Item 2

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

I. 4201

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart (Degree or title) M.D. ADDRESS: Hagerstown md DATE SIGNED: 4-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 4-6-1954 NAME OF CEMETERY OR CREMATORY: Nelsville Cem. LOCATION (City, town, or county) (State): Nelsville, Monty Md

DATE REC'D BY LOCAL REG.: Apr. 3, 1954 REGISTRAR'S SIGNATURE: Claude G. Cook

24. FUNERAL DIRECTOR: The A. H. Hines Co. ADDRESS: 2901-14th & V NW Wash. DC

RECEIVED
APR 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03740

3763

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prescott Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg,
STREET ADDRESS (If rural, give location) Prescott Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daniel	DeWitt	Beekman	April	29	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Widowed	Aug. 26, 1870	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Dentist	Retired	Petrolia, Kansas	U.S.A.

13. FATHER'S NAME: Rev. John S. Beekman
14. MOTHER'S MAIDEN NAME: Helen B. Cruser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no			Mr. George M. Wargo, Prescott Road, Clarksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Found dead in bed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer — 2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David J. Bronhart	M.D.	Gaithersburg md	4-29-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/1/54	Cedar Hill Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-3-54	Frances Potter	Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Md.

Della Burdette cm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03741

3764

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY MONTGOMERY CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRINGS
LENGTH OF STAY (in this place) 15 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING, MD.
STREET ADDRESS (If rural, give location) 10301 - CREST MORE DR.

3. NAME OF DECEASED (Type or Print) (First) ANNIS (Middle) RICE (Last) BERGER

4. DATE OF DEATH (Month) APR. (Day) 8 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 25, 1878
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME MOSES - PARKER RICE
14. MOTHER'S MAIDEN NAME ELLEN DOUGLAS. GRAHAM.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS STANLEY G. BENJAMIN 16516 LORAINAVE. SILVER SPRING, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	10 d
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 47 to 8 apr., 1954 that I last saw the deceased alive on 7 apr., 1954 and that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE William D. Cand MD (Degree or title) ADDRESS Silver Spring Md DATE SIGNED 8 April '54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 10, 1954
NAME OF CEMETERY OR CREMATORY Rock Creek Cem.
LOCATION (City, town, or county) (State) WASHINGTON, D.C.

DATE REC'D BY LOCAL REG. Apr 8/54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St. N.W. WASHINGTON, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1954
BUREAU V. S.

MARYLAND

STATE DEPARTMENT OF HEALTH

3765

CERTIFICATE OF DEATH

03742

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (In this place): 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Alabama — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Birmingham
STREET ADDRESS (If rural, give location): 110 - 5th ave., South

3. NAME OF DECEASED (Type or Print): (First) Wiley (Middle) (Last) Bowers

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 26, 1912

9. AGE last birthday: 41 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal miner

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charlie Bowers, Sr.

14. MOTHER'S MAIDEN NAME: Helen Kerr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): --

16. SOCIAL SECURITY NO.: 420-10-5138

17. INFORMANT AND ADDRESS: -- medical record - The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

353.3

Immediate cause (a): Pulmonary atelectasis, left

Antecedent cause(s): Pulmonary congestion and edema

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Postoperative stupor following craniotomy for epilepsy.

(c):

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Old cerebral trauma and old brain abscess (1950)

19a. DATE OF OPERATION: March 24, 1954

19b. MAJOR FINDINGS OF OPERATION: Right temporoparietal osteoplastic craniotomy and removal of epileptogenic focus.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -

(CITY OR TOWN): -

(COUNTY): -

(STATE): -

TIME OF INJURY (Month) (Day) (Year) (Hour): - - - -

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from March 11, 1954, to April 22 1954, that I last saw the deceased alive on April 22, 1954, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Bruce L. Ralston M.D.

ADDRESS: The Clinical Center National Institutes of Health

DATE SIGNED: April 23, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 4/23/54

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Birmingham, Alabama

DATE REC'D BY LOCAL REG.: 4/26/54

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: The J. R. Hines Co.

ADDRESS: 2901 - 14th St. N.W. Wash. D.C.

RECEIVED
APR 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH [redacted]

3766 **CERTIFICATE OF DEATH** 03743

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122 Chevy Chase Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 122 Chevy Chase Dr

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) McAteer (Last) Boyd

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 4, 1878

9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James "A" McAteer

14. MOTHER'S MAIDEN NAME: Sarah E. Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: James McAteer Boyd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured Aortic Aneurysm DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1945, to April, 1954, that I last saw the deceased alive on April 11, 1954, and that death occurred at 3.30 P.M., from the causes and on the date stated above.

SIGNATURE Albert S Bright (Degree or title) M.D. ADDRESS 1150 Conn Ave, Wash DC. DATE SIGNED 4/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial Transit

DATE THEREOF 4-12-54

NAME OF CEMETERY OR CREMATORY Homewood

LOCATION (City, town, or county) Pittsburg, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR 4/12/54

REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Robert H. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3767

CERTIFICATE OF DEATH

03744

Reg. Dist. No. 21 3

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Lodge Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Dist. of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3231 - 16th St. N.W. ✓

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) (Last) Bradley

4. DATE OF DEATH (Month) April (Day) 5 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Feb 27, 1874

9. AGE last birthday 80 yrs. If under 1 year Months 8 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Joseph H. Bradley

14. MOTHER'S MAIDEN NAME Mary Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Hospital Records - Item # 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 10 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~April~~ 5, 1953, to Apr. 5, 1954, that I last saw the deceased alive on April 5, 1954, and that death occurred at 9:57 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert W Gibson MD 614 Linden St, Rock. Md. Apr. 5, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 4-8-54

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. 4-12-54

REGISTRAR'S SIGNATURE Dorothy M. Jacobson

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3768 03745

Reg. Dist. No. 16

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda - R-3
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rivas Rd -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda - R-3
STREET ADDRESS (If rural, give location) Rivas Rd

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Brown

4. DATE OF DEATH (Month) Ap (Day) 27 (Year) 1954

5. SEX Male
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-4-1900
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isiah Brown
14. MOTHER'S MAIDEN NAME Clara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Isabel Brown (wife) Same as Hist

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
Immediate cause (a) Cerebral Vascular accident — ½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hemiplegia Rt side — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) Frank J. Brockhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-2[illegible]

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 5/1/54 NAME OF CEMETERY OR CREMATORY Rhodes Cemetery LOCATION (City, town, or county) Bethesda (State) Md.

DATE REC'D BY LOCAL REG. 5/2/54 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR R. L. Snowden, ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3769 CERTIFICATE OF DEATH

Reg. Dist. No. 03745 71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monta.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Marcelline (Last) Carroll

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2.5.75

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nathan F. Bell

14. MOTHER'S MAIDEN NAME: Marcelline Burton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Post operative Shock	15 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Intestinal Obstruction	2 wk
	(c) DUE TO Adenocarcinoma of Caecum.	6 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/30/54

19b. MAJOR FINDINGS OF OPERATION Intestinal Obstruction due to adenocarcinoma of caecum

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18, 1954, to 4/30, 1954, that I last saw the deceased alive on 4/30, 1954, and that death occurred at 10:15 a., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 4/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/3/54 NAME OF CEMETERY OR CREMATORY Unsan Cemetery LOCATION (City, town, or county), (State) Burtonsville, Md

DATE REC'D BY LOCAL REGISTRAR May 3-54 REGISTRAR'S SIGNATURE Gertrude B Sawyer

24. FUNERAL DIRECTOR D. Will Donaldson ADDRESS Laurel Md

VS. A15

RECEIVED
MAY 10 1954
BUREAU V. S

Film G166 Item # 4 5/18/54 emf

04675

MARYLAND STATE DEPARTMENT OF HEALTH

3759

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 2 mm.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fire house

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (rural)
STREET ADDRESS (If rural, give location) R.F.D. # 3

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) (Last) Chambers
4. DATE OF DEATH (Month) April (Day) 30 (Year) 1954
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-6-53
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Suburban Hospital
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Albert Chambers
14. MOTHER'S MAIDEN NAME Ethel Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ethel Davis Fathers Burg R.F.D. #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to Vomitus — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mild upper Respiratory Infection — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Public (CITY OR TOWN) (COUNTY) 15 (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-3-54 NAME OF CEMETERY OR CREMATORY Tobytown LOCATION (City, town, or county) Travilah Md (State)

DATE REC'D BY LOCAL REG 5/7/54 REGISTRAR'S SIGNATURE Dorothy Jacobson C.T. 24. FUNERAL DIRECTOR Robert Snowden (ADDRESS) Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY - '54
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 08747

3770 CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Kensington
LENGTH OF STAY (in this place) 3-6-54 - 4-27-54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett Park, Md.
STREET ADDRESS (If rural give location) 1110 Kenilworth Ave.

3. NAME OF DECEASED: (Type or Print) (First) KATHARINE (Middle) G. (Last) COLLINS
4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 7, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife (retired)
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Treasury
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John H. Garner
14. MOTHER'S MAIDEN NAME: Fannie W. Filed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Rachel C. Ward, 1110 Kenilworth Ave. Garrett Park, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X
Immediate cause (a) DUE TO Carcinoma of the rectum — Interval between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to 4-27, 1954, that I last saw the deceased alive on 3-30, 1954, and that death occurred at 9:20 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D. ADDRESS 11602 Georgia Ave. Silver Spring DATE SIGNED 4-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: 4/29/54
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Crematory
LOCATION (City, town, or county) (State): Prince George County, Md.
DATE REC'D BY LOCAL REGISTRAR: 4-28-54
REGISTRAR'S SIGNATURE: Frances Foote
24. FUNERAL DIRECTOR: Warner & Pumphrey
ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3740 CERTIFICATE OF DEATH

Reg. Dist. No. 03748 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TaHoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 3122 McComas Ave

3. NAME OF DECEASED: (Type or Print) (First) Chester (Middle) LeRoy (Last) Cox

4. DATE OF DEATH (Month) (Day) (Year) 4-24 1954

5. SEX: M | 6. COLOR OR RACE: Cauc | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 6-15-1908 | 9. AGE last birthday 45 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cartographer | 10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Cox | 14. MOTHER'S MAIDEN NAME: Jessie Irene Reigh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 172-12-4068 | 17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial Failure — Interval between onset and death: 5 days

ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Occlusion — 5 d.
DUE TO (C) Arteriosclerosis & Coronary Thrombosis — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Ap. 21, 1954, to Ap. 24, 1954, that I last saw the deceased alive on Ap. 24, 1954, and that death occurred at 7:15 p M, from the causes and on the date stated above.
SIGNATURE C R Anderson M.D. ADDRESS 7600 Carroll Ave, Takoma Park DATE SIGNED APR 24 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial | DATE THEREOF 4/28/54 | NAME OF CEMETERY OR CREMATORY Armaugh Cemetery | LOCATION (City, town, or county) (State) Indiana County, Pa.

DATE REC'D BY LOCAL REGISTRAR 4-28-54 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR Warren E. Dumphrey | ADDRESS 8434 Georgia Ave, Silver Spring, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3771 **CERTIFICATE OF DEATH** 03749

Reg. Dist. No. 216

1. PLACE OF DEATH: 11015 Kenilworth Ave
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Garrett Park
LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Garrett Park
STREET ADDRESS (If rural give location) 11015 Kenilworth Ave

3. NAME OF DECEASED: (Type or Print) (First) Frederic (Middle) Warren (Last) Darling

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 18, 1879
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mathematician
10b. KIND OF BUSINESS OR INDUSTRY: U.S Govt
11. BIRTHPLACE (State or foreign country): Buffalo New York
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Edward M. Darling
14. MOTHER'S MAIDEN NAME: Amelia Ferris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Clara Darling (wife) Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

141X
Immediate cause (a) Carcinoma Base of Tongue — Interval Between Onset And Death: 2 yrs
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-28-53
19b. MAJOR FINDINGS OF OPERATION: Tracheotomy
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1954, to April 21, 1954, that I last saw the deceased alive on April 18, 1954, and that death occurred at 7.30 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard L. Whelton MD ADDRESS 1122 Decatur St. NE. Wash 17, D.C. DATE SIGNED 4-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-23-54 NAME OF CEMETERY OR CREMATORY Parklawn LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR 4/22/54 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3772

CERTIFICATE OF DEATH

Reg. Dist. No. 03750 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural give location) Highview Avenue

3. NAME OF DECEASED: (First) Baylus (Middle) Justice (Last) Davidson
4. DATE OF DEATH: (Month) April (Day) 28 (Year) 19 54

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 30, 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months 9 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marshall Davidson
14. MOTHER'S MAIDEN NAME: Margaret Elizabeth Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT & ADDRESS: Mrs. Margaret L. Mallonee, Damascus Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
490X Immediate cause	(a) Pneumonia, Lobar, Right	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral hemorrhage, left	4½ days
	DUE TO (c) Arteriosclerosis, Generalized	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23-, 1954, to 4-28-, 1954, that I last saw the deceased alive on 4-27-, 1954, and that death occurred at 8:15 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) George B. Patrick Jr. MD
ADDRESS on 4-28-54. 8700 Colesville Rd
DATE SIGNED 4-28-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit
DATE THEREOF 4-28-54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Floyds Creek Cemetery Rutherford Co., N.Carolina
DATE REC'D BY LOCAL REGISTRAR 4/30/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

RECEIVED
MAY 4 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 D3751

CERTIFICATE OF DEATH

3741

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 8+ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 3509 Gunnwood Dr. N. Park V

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Deno

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 54 19

5. SEX: M. 6. COLOR OR RACE: Caue 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower 8. DATE OF BIRTH: 10/25/79 9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J-J Davis
14. MOTHER'S MAIDEN NAME: Annie Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	PERICARDIAL TAMPONADE	5 minutes
DUE TO (B)	RUPTURE of LEFT VENTRICLE	10 "
DUE TO (C)	CORONARY THROMBOSIS	10 hrs

ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis & Coronary Focal Infarction — unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 24, 19 54, to Apr. 24, 19 54, that I last saw the deceased alive on Apr. 24, 19 54, and that death occurred at 7:25 P M, from the causes and on the date stated above.

SIGNATURE C. R. Emerson M.D. ADDRESS 7600 Carroll Ave Takoma Park Md. DATE SIGNED 4-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 4-27-54
NAME OF CEMETERY OR CREMATORY J. H. Lee Crematory
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 4-25-54
REGISTRAR'S SIGNATURE J. Walton Dodd
24. FUNERAL DIRECTOR J. W. Lee Funeral Co. ADDRESS 300 4½ St. N.E. Washington, D.C.

RECEIVED
APR 27 19
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

03752

3773 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Texas; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Rural; LENGTH OF STAY (In this place): 2mo 21 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Texarcana
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital	STREET ADDRESS (If rural, give location): 1916 Wood Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Findley	DONELSON	April	20	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	1-31-87	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mariner	Mariner	Oklahoma	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John C. DONELSON	Anna FINDLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I-II	Unknown	Wife: Mrs. Thelma Odonell DONELSON - 1916 Wood Street Texarcana, Texas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	Indef.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Ht. Disease	Indef.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 29 Jan, 1954, to 20 April, 1954, that I last saw the deceased alive on 20 April, 1954 and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J.R. SHANAHAN LT(MC) USN U.S. Naval Hospital, NNMC, Bethesda, Maryland		4-21-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	22 April 1954	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
21 April 1954	[signature]	B. A. PUMPHREY FUNERAL HOME	7557 Wisconsin Ave Bethesda, Maryland

MARGIN RESERVED FOR BINDING

RECEIVED
APR 23 1921
BUREAU V. S.

Film#G165 Item# 9
5/12/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3774 CERTIFICATE OF DEATH

Reg. Dist. No. 03753 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Kensington, Md. | LENGTH OF STAY (in this place) 11-6-53 4-30-54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 2408 California St. N.W.

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	ERNEST		DRAPER	4	30	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W.	married.	5-15-1885	68 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY
Gov. Fed Reserve		Washington D C	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Amos Draper	Belle Merrill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) 420.0 Hypertension	14 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	years
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism — years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from Jan. 1954, to 4/29, 1954, that I last saw the deceased alive on 4/29, 1954, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles M Weber MD	12600 Parkland Dr Rockville	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town or County) (State)
	May 3-1954	Woodlawn	New York

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/2/54	Bessie M. Thompson	Jos Gawler Sons	1756 Pa Ave N.W.

VS. A15

RECEIVED
MAY 4 19
BUREAU V. S.

03754

MARYLAND — STATE DEPARTMETT OF HEALTH

3775 **CERTIFICATE OF DEATH** — Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg — LENGTH OF STAY (In this place) 8 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS 416 Frederick Avenue	STREET ADDRESS (If rural, give location) 416 Frederick Avenue

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) C.	(Last) EGLIN	4. DATE OF DEATH	(Month) April (Day) 14 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 28, 1881	9. AGE last birthday 72 yrs.	If under 1 year Months 5 Days 16 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman	10b KIND OF BUSINESS OR INDUSTRY Bell Laundry		11. BIRTHPLACE (State or foreign country) Potomac, Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph C. Eglin, Sr.			14. MOTHER'S MAIDEN NAME Harriet Elizabeth Ricketts		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO 217-07-2411		17. INFORMANT AND ADDRESS Laura R. Eglin-Same Item #2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1978

Immediate cause (a) Myocardial degeneration — 6-mo

Antecedent cause(s) (b) adenocarcinoma prostate — 2-5 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) general metastasis from carcinoma to bony pelvis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Apr 15, 1954, that I last saw the deceased alive on April, 1954, and that death occurred at 6:00 A.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) P. Calhoun Stirling — ADDRESS 2024 R St. N.W. Wash DC — DATE SIGNED 4-15-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-18-54	Concord Methodist	Bethesda	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 14, 1954	Alsuda G. Cooke	Robert N. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 1 1874
BUREAU V. S.

MARYLAND

STATE DEPARTMENT OF HEALTH

43755

3776 CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 10504 Parkwood Drive

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) (Last) FEASTER

4. DATE OF DEATH (Month) April (Day) 3, (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Nov. 11, 1876

9. AGE last birthday 77 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Fireman

10b. KIND OF BUSINESS OR INDUSTRY Fire Department

11. BIRTHPLACE (State or foreign country) Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mr. Nelson R. Brown 10504 Parkwood Dr., Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 7 7 X

Immediate cause (a) Hypostatic pneumonia — Interval Between Onset and Death: 3 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial infarction, with cardiac failure — 2 years.

(c) Carcinoma of prostate — 2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/10/53

19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 23, 1953, to Apr. 3, 1954, that I last saw the deceased alive on Apr. 3, 1954, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas C. H. Hindman, M.D. Kensington Md. 4/4/54

23. BURIAL, CREMATION / REMOVAL (Specify) Transit-Burial

DATE 4-7-54

NAME OF CEMETERY OR CREMATORY Laurel Mem. Cemetery

LOCATION (City, town, or county) (State) Atlantic County, N. J.

DATE REC'D BY LOCAL REG. 4/5/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphrey & Sons ADDRESS Bethesda, Maryland

RECEIVED
APR 7 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3777

Reg. Dist. No. 03756/7

1. PLACE OF DEATH:
COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 18a
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg, Co, General, Hosp, Olney Md, 21

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Redland Rural
STREET ADDRESS (If rural give location) Derwood.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Charles	Jacob	Fitzsimmons	4	16	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowre	Sept 23-1883	70 yrs.	6	23		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer, Farm	Work	Buckeystown Md,	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ignatius Fitzsimmons	Annie Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		James Fitzsimmons. Rockville Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Myocardial failure	15 mi.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Coronary occlusion	24 hrs.
DUE TO	(c) Arteriolosclerotic C-V disease	1 yr.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from 9/3/,1953, to 4/16/, 1954, that I last saw the deceased alive on 4/16/, 1954, and that death occurred at 5:05 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stephen Dr James M D	Rockville Md	4/18/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-19-54	St, Rose	Clopper. Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-19-54	Gertrude B Lawler	Ernest C. Gartner.	Gaithersburg Md,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cor... age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03757

3778

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8519 Milford Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural, give location) 8519 Milford Avenue

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Donald (Last) Flato
4. DATE OF DEATH (Month) April (Day) 15 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 14, 1894
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 1 day Hours M

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marketing Specialist, Dept. Agriculture, U.S. Govt.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bridgeport, Conn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Michael Flato
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #1
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Amelia S. Flato, 8519 Milford Ave., S.S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-15-54

CREMATION | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Shipment & burial | April 16, 1954 | Hungarian Union Field Cemetery, Queen's County, N. Y.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3779 **CERTIFICATE OF DEATH** 03758

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg ✓ LENGTH OF STAY (for this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr Schumacher's office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds (rural)
STREET ADDRESS (If rural, give location) J. V. Nicholson Farm

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Henry (Last) Ford Jr.

4. DATE OF DEATH (Month) Apr (Day) 14 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7-16-52
9. AGE last birthday 1 yrs. If under 1 year Months 8 Days 28 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? N.S.C.

13. FATHER'S NAME Robert Henry Ford
14. MOTHER'S MAIDEN NAME Catherine Boxall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Father - Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-pneumonia (bilateral) — 1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. died enroute to Dr's office

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-16-54 NAME OF CEMETERY OR CREMATORY Foolstreet Cemetery LOCATION (City, town, or county) Dickerson (State) Md

DATE REC'D BY LOCAL REG. Apr. 14, 1954 REGISTRAR'S SIGNATURE Alfred G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gaither ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 20 1954
BUREAU V. S.

3780

03759

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.# 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural-Bethesda
STREET ADDRESS (If rural, give location) R.F.D.# 3

3. NAME OF DECEASED: (Type or Print) (First) BEATRICE (Middle) VIRGINIA (Last) FRAZIER

4. DATE OF DEATH (Month) (Day) (Year) April 11, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Aug. 30, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 7 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Raymond Harrison Frasier

14. MOTHER'S MAIDEN NAME: Doris Virginia Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Raymond H. Frasier- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Starvation	2 weeks
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coma from Cerebral Edema from Hydrocephalus	4 months
DUE TO		
	(c) Meningocele	6 months

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: Sept. 9, 1953

19b. MAJOR FINDING OF OPERATION: Meningocele

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John G. Ball M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 11 April 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4/15/54

NAME OF CEMETERY OR CREMATORY Concord

LOCATION (City, town, or county) Bethesda (State) Maryland

DATE REC'D BY LOCAL REG. 4/12/54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

2 3305404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

APR 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03760

3781 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 14 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED:
5932 Anniston Road
STATE Bethesda COUNTY Montgomery, Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda.
STREET ADDRESS (If rural give location) 5932 Anniston Road.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (NMI) (Last) GARDNER.

4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1954.

5. SEX: MALE

6. COLOR OR RACE: WHITE.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED.

8. DATE OF BIRTH: May 27, 1868

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINISTER

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): ENGLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Gardner

14. MOTHER'S MAIDEN NAME: Elizabeth Ashworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MRS. GLADYS JENKINS (DAUGHTER) 5928 ANNISTON RD. BETHESDA, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 IMMEDIATE CAUSE (A) CONGESTIVE HEART FAILURE. — 1 YEAR.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) GENERALIZED ARTERIOSCLEROSIS. — 16 YRS.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. MAN MALNUTRITION. — 3 WEEKS.

19A. DATE OF OPERATION: NONE. 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March 1953, to April 28, 1954, that I last saw the deceased alive on April 27, 1954, and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE Seymour Greenbaum M.D. ADDRESS 9300 Ewing Drive, Bethesda, Md. DATE SIGNED 4/28/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	4-28-54	Flushing Cemetery	Queens County, New York

DATE REC'D BY LOCAL REGISTRAR 4/30/54 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR Robert H. Humphrey ADDRESS Bethesda, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
MAY 4
BUREAU V.C.

MARYLAND

STATE DEPARTMETT OF HEALTH

03761

3782 CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 249 37th St. SE Washington, D.C. ✓

3. NAME OF DECEASED (Type or Print) (First) Kathy (Middle) Marjorie (Last) GEE

4. DATE OF DEATH (Month) April (Day) 16 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 3-10-54

9. AGE last birthday yrs. If under 1 year Months 1 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Martin Truman GEE

14. MOTHER'S MAIDEN NAME Louise Churchill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT AND ADDRESS Father: Martin Truman GEE 249 37th St. SE, Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval between onset and death: 40 min.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Congenital Heart Disease — 35 days
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14-54, 19..., to 4-16, 19 54, that I last saw the deceased alive on 16 April 19 54, and that death occurred at 10:10 P.m., from the causes and on the date stated above.

SIGNATURE M.S. Allen (Degree or title) LT MC USN ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Md. DATE SIGNED 17 April 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 4-17-54

NAME OF CEMETERY OR CREMATORY Grisier Funeral Home

LOCATION (City, town, or county) (State) Stryker, Ohio

DATE REC'D BY LOCAL REG. 17 April 1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS R.A. Pumphrey Funeral Home 7557 Wisconsin Ave. Bethesda, Md.

20342513630

APR 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03762

3783

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2106 Prichard Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2106 Prichard Road

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (None) (Last) Goldner

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH 28 Feb. 1878
9. AGE last birthday 76 yrs. If under 1 year Months 1 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Isaac Golden
14. MOTHER'S MAIDEN NAME Rose Edelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Isidore Goldner (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH 7 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION ~~None~~ Dec 1953
19b. MAJOR FINDINGS OF OPERATION Multiple Myeloma - biopsy rt. hip.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY No
(CITY OR TOWN) No (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 18 April, 1954, to 21 April 1954, that I last saw the deceased alive on 18 April, 1954, and that death occurred at 3: A m., from the causes and on the date stated above.

SIGNATURE Harry A. Horstman. Jr. (Degree or title) ADDRESS 2023 R St N.W. Wash. D. C. DATE SIGNED 21 April '54

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 4-21-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) New York N.Y. (State)

DATE REC'D BY LOCAL REG. 4-21-54 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS 3501 14th St N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03763

3784 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney — LENGTH OF STAY (in this place) 1 1/2 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.	STREET ADDRESS (If rural give location) Forsythe Road ✓

3. NAME OF DECEASED: (Type or Print) (First) Nelson (Middle) Downs (Last) Gosnell JR.

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/22/54

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months Days 1 — IF UNDER 24 HRS.: Hours 8 Min. 33

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nelson Downs Gosnell

14. MOTHER'S MAIDEN NAME: Wanda Belle Heaton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

274X

Immediate cause

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(a) infarction of adrenal glands and intra-medullary hemorrhages of kidneys, etiology undetermined

DUE TO

(b)

DUE TO

(c)

Interval Between Onset And Death: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22, 1954, to 4/24, 1954, that I last saw the deceased alive on 4/24, 1954 and that death occurred at 2:55 a.m from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. — ADDRESS Clarksville, Md. — DATE SIGNED 4/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 4/26/54 — NAME OF CEMETERY OR CREMATORY LOUDON PARK — LOCATION (City, town, or county) (State) BALTIMORE Md

DATE REC'D BY LOCAL REGISTRAR 4-24-54 — REGISTRAR'S SIGNATURE Gertrude B Lawler — 24. FUNERAL DIRECTOR F. CHIGIN BOTHOM, ELLICOTT — ADDRESS CITY Md

2-442834-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 63867

3785 CERTIFICATE OF DEATH Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) apprx. 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 Ray Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 617 Ray Drive

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) ALFRED M. GREEN

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 30, 1899

9. AGE last birthday: 54 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Journalist - Staff Writer

10b. KIND OF BUSINESS OR INDUSTRY: Nat'l. Weekly Railroad Brotherhood

11. BIRTHPLACE (State or foreign country): Hartford, Conn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David I. Green

14. MOTHER'S MAIDEN NAME: Mary Titsworth

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.#1

16. SOCIAL SECURITY No.: 074-05-6824

17. INFORMANT & ADDRESS: Mrs. Elsie M. Green, 617 Ray Drive, Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 1. Acute coronary occlusion with infarction — Interval Between Onset And Death: 15-20 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) 2. Coronary atherosclerosis — 2-3 yrs.?

DUE TO

a. Coronary insufficiency — 12-16 mos?

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer, healed? — 2-3 yrs?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1951, to April, 1954, that I last saw the deceased alive on Apr. 14, 1954, and that death occurred at 7:15 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. R. Shear M.D. 1710 Sanford Rd Silver Spring, Md. 4/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Shipment & burial April 18, 1954 Fairview Cemetery, West Hartford, Hartford Co., Conn.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

4-19-54 Frances Potter Warner E. Pumphrey Silver Spring, Md.

VS. A15

RECEIVED
APR 22 1954
BUREAU V. S.

Item9 FilmG165
4/26/54 mmb

3786

MARYLAND STATE DEPARTMENT OF HEALTH 03764

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairview Rest Home RD #3 Bethesda Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D. C.
STREET ADDRESS (If rural, give location) 927 D St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Frieda (Middle) Elizabeth (Last) Grieb
4. DATE OF DEATH: (Month) Apr (Day) 19 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 11-3-1869
9. AGE last birthday: 86 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: Unknown Hassler
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: Mrs Elfrieda M. Baker 927 D St N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 6 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized arteriosclerosis and
(c) myocarditis — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 19 Apr, 1954 that I last saw the deceased alive on 17 Apr, 1954, and that death occurred at 2:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Herbert Martyn Jr MD 5029 Bethesda Ave Beth Md 19 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4/21/54 NAME OF CEMETERY OR CREMATORY Columbia Gardens LOCATION (City, town, or county) (State) Cremation-Removal Cincinnati Ohio

DATE REC'D BY LOCAL REG. 4/19/54 REGISTRAR'S SIGNATURE Dennis Jonathanson
24. FUNERAL DIRECTOR C. P. Mees by Chas E. Mees ADDRESS Arlington Va

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 21 1954
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

3787 CERTIFICATE OF DEATH

03765
Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural
LENGTH OF STAY (in this place) 1 hr 29 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D. C. NW 47X
STREET ADDRESS (If rural, give location) Conn. Ave., and Woodley Road ✓

3. NAME OF DECEASED (Type or Print) (First) Dwight (Middle) Palmer (Last) GRISWOLD
4. DATE OF DEATH (Month) April (Day) 12 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-27-93
9. AGE last birthday 60 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Senator
10b. KIND OF BUSINESS OR INDUSTRY Senator
11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Dwight Hubbard GRISWOLD
14. MOTHER'S MAIDEN NAME Clarissa PALMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service) - -
16. SOCIAL SECURITY NO. 507-38-4054
17. INFORMANT AND ADDRESS Mrs. Irma GRISWOLD Conn, Ave., and Woodley Road, Wash, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 2 HOURS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CORONARY ARTERIOSCLEROSIS — 10 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 April 1954, to 12 April, 1954, that I last saw the deceased alive on 12 April, 1954, and that death occurred at 12:14a. m., from the causes and on the date stated above.

SIGNATURE P. R. James (Degree or title) ADDRESS DATE SIGNED
P. R. JAMES LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 4-12-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal Burial
DATE 15 April 1954
NAME OF CEMETERY OR CREMATORY Scottsbluff Cemetery
LOCATION (City, town, or county) (State) Scottsbluff, Nebraska

DATE REC'D BY LOCAL REG. 12 April 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR S. H. HINES Funeral Home ADDRESS 2901 14th St., NW, Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3766

3788

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 11 days - 11 hrs - 1 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4507 - Highland Ave.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) J. (Last) Hammerli

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 13, 1871
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Ret-Gardner Self Emp.
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: yes
17. INFORMANT & ADDRESS: Louis F. Hammerli- Item # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 X

IMMEDIATE CAUSE (A) post op. atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO (B) acute intestinal obstruction — 3 weeks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) carcinoma sigmoid colon — ? yr ±

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. — arteriosclerosis, marked

19A. DATE OF OPERATION: 4.18 & 4.27 54
19B. MAJOR FINDINGS OF OPERATION: Large bowel obstr. Ca sigmoid
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1954, to 4-29, 1954, that I last saw the deceased alive on 4-28, 1954, and that death occurred at 6 15 A M, from the causes and on the date stated above.

SIGNATURE: Paul Kiernan M. D. ADDRESS: 1150 Cause Ave. DATE SIGNED: 4-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5-1-54
NAME OF CEMETERY OR CREMATORY: Prospect Hill
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 4/30/54
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
MAY 4 1954
BUREAU V. S.

03767

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3742 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 717 Kennebec Ave.

3. NAME OF DECEASED: (Type or Print) (First) Amos (Middle) Edward (Last) Hanes
4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1954

5. SEX: M
6. COLOR OR RACE: Caue.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-17-76
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hanes
14. MOTHER'S MAIDEN NAME: Amy Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-07-8464
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X IMMEDIATE CAUSE (A) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (S) DUE TO (B) Ileus Colon — 10 Days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Carcinoma Rectum — 2yrs + -

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension, Arteriosclerosis Senility, Partial Blindness.

19A. DATE OF OPERATION: Mar. 31, 1954
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Rectum + Recto-Sigmoid
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1954, to 4-5, 1954, that I last saw the deceased alive on 4-5-1954, and that death occurred at 1:58 P. M, from the causes and on the date stated above.

SIGNATURE Read U. Calvert MD. M.D. ADDRESS 7894 Georgia Ave., Silver Spring, Md. DATE SIGNED 4-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4/7/54
NAME OF CEMETERY OR CREMATORY: George Washington Cemetery,
LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REGISTRAR: April 9 1954
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: [illegible] Shrey 8434
ADDRESS: Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-58

RECEIVED

BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

3789 CERTIFICATE OF DEATH

03768
Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 2 mo 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pompton Plains
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET ADDRESS (If rural, give location) 22 Elizabeth Avenue

3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) William	(Last) HANWELL	4. DATE OF DEATH	(Month) April (Day) 11 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3-11-22	9. AGE last birthday 32 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner	10b. KIND OF BUSINESS OR INDUSTRY Mariner	11. BIRTHPLACE (State or foreign country) New Jersey	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Richard W. HANWELL		14. MOTHER'S MAIDEN NAME Lydia FOOTE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW II	16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Mrs. Elizabeth A. HANWELL (Wife) 22 Elizabeth Ave., Pompton Plains, N.J.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1788

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	24 hours
Antecedent cause(s)	(b) Pulmonary Metastases	3 months
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Embryonal carcinoma left testis	One year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Feb, 1954, to 11 April, 1954, that I last saw the deceased alive on 11 April 1954 and that death occurred at 4:35 a.m., from the causes and on the date stated above.

SIGNATURE T. N. QUILTER LT MC USN (Degree or title) ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 4-12-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 13 April 1954	NAME OF CEMETERY OR CREMATORY Arlington National Cemetery	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. 12 April 1954	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR R. A. PUMPHREY FUNERAL HOME	ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

MARGIN RESERVED FOR BINDING

MARYLAND

3790

STATE DEPARTMETT OF HEALTH

03769

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 47X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) 2025 Huidekoper Place NW

3. NAME OF DECEASED (Type or Print)	(First) Valera	(Middle) P.V.	(Last) HARRIS	4. DATE OF DEATH	(Month) April (Day) 21 (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 6-9-02	9. AGE last birthday 51 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Quincy E. BURGESS			14. MOTHER'S MAIDEN NAME Ella EASLEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Husband: Mr. Freeman C. HARRIS 2025 Huidekoper Place, NW, Washington, D.C.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
570.5 Immediate cause (a)	Peritonitis, acute, diffuse	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Wound infection, postoperative	1 week
(c)	Intestinal obstruction	1 week
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary edema	24 hrs.

19a. DATE OF OPERATION 4-12-54	19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 April, 1954, to 21 April, 1954, that I last saw the deceased alive on 21 April, 1954, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE M. L. Gerber (Degree or title) ADDRESS DATE SIGNED

M. L. GERBER CDR MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland 4-21-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal Burial	DATE 24 April 1954	NAME OF CEMETERY OR CREMATORY Masonic-Oddfellow Cemetery	LOCATION (City, town, or county) (State) Benton, Illinois
DATE REC'D BY LOCAL REG. 21 April 1954	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR R. A. PUMPHREY Funeral Home	ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

MARGIN RESERVED FOR BINDING

1

RECEIVED
APR 23 19[illegible]
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

03770

3791 CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery / MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural X1 / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington 4-1-X
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 40	STREET ADDRESS (If rural, give location) 3545 [illegible]

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frederic	William	MESSER	April	1	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Marine	Mariner	Montana	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. MESSER	Jessie M. LEMON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I-1T Korea Unknown		Mrs. 3545 North Utah St., Arlington, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infarction, myocardium, Anterior 420.0	21 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to 1 April, 19 54, that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 4-2-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	[illegible]		

notgat.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03771

3792 **CERTIFICATE OF DEATH**

Reg. Dist. No. 2-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 603 Eldrid Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring,
STREET ADDRESS (If rural, give location) 12,404 Colesville Rd.

3. NAME OF DECEASED (Type or Print): (First) Denton (Middle) (Last) Hobbs
4. DATE OF DEATH: (Month) Apr. (Day) 30 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10/20/79
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Dayton, Howard Co., Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Franklin M. Hobbs
14. MOTHER'S MAIDEN NAME: Martha Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Charlie Carter, 603 Eldrid Dr. Hollywood, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

231X Immediate cause (a) Cerebral Hemorrhage — 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Generalized — 8-10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis — 3-4 months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

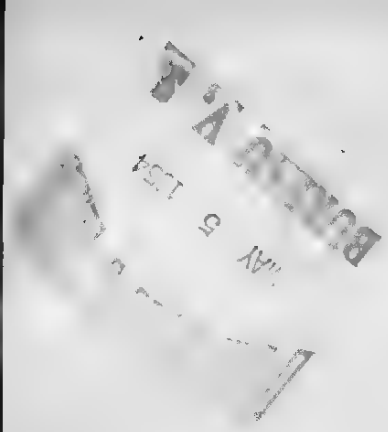
22. I hereby certify that I attended the deceased from 1 Apr., 1954, to 30 Apr., 1954, that I last saw the deceased alive on 30 Apr., 1954, and that death occurred at 8 45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

H E Zuller M.D. | 7112 Willow Ave Takoma Park Md. | 30 Apr 1954.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/2/54 | NAME OF CEMETERY OR CREMATORY: Colesville Cemetery | LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG. 5/4/54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Warner E. Pumphrey | ADDRESS: 8434 Georgia Ave. Silver Spring, Md.



03772

MARYLAND — **STATE DEPARTMETT OF HEALTH**

3793

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda X
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6000 Welborn Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 6000 Welborn Drive

3. NAME OF DECEASED (Type or Print): (First) VIRGINIA (Middle) LOCKARD (Last) HOOPER

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8/14/1865

9. AGE last birthday: 88 yrs. If under 1 year: Months: 8 Days: 2 If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Lockard

14. MOTHER'S MAIDEN NAME: Ann Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. T. B. Augur-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 442X Congestive Heart Failure — 48 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 260X Cardio-vascular renal disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 19 54, to April 16, 19 54, that I last saw the deceased alive on April 15, 19 54, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Sidney Lawrence, M.D. — 3921-Longmeadow Street, Washington 6, D.C. — 4/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4/19/1954 | NAME OF CEMETERY OR CREMATORY: Stone Chapel | LOCATION (City, town, or county): Pikesville (State): Maryland

DATE REC'D BY LOCAL REG.: 4/19/54 | REGISTRAR'S SIGNATURE: Bernice M. Thompson | 24. FUNERAL DIRECTOR: Robert A. Pumphrey | ADDRESS: Bethesda, Md.

RECEIVED
APR 21 1954
BUREAU V. S.

Film#G164 Item# 9 4/22/54 emf

03773

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3743 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater
STREET ADDRESS (If rural give location) PO Box 368

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Custer (Last) Hubbard

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH: 6-2-79
9. AGE last birthday 74 7/8 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consultant-textile
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dwight W. Hubbard
14. MOTHER'S MAIDEN NAME: Amanda Massie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Self - Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Acute Coronary Occlusion	1 wk
ANTECEDENT CAUSE (S) DUE TO	(B) Generalized Arteriosclerosis	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Hypertrophied Prostatitis	?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 7, 1954, to Apr. 14, 1954, that I last saw the deceased alive on Apr. 13, 1954, and that death occurred at 8:40 AM, from the causes and on the date stated above.

SIGNATURE Paul V. Starr M. D. ADDRESS Takoma Park, Md. DATE SIGNED Apr. 14, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 4-14-54
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR April 14 1954
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Joseph Gawler's Sons
ADDRESS 1756 Pa. Ave. N.W.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
APR 18 1914
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3744 **CERTIFICATE OF DEATH** 03774 Reg. Dist. No. 223

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 38 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 7202 Maple Ave.

3. NAME OF DECEASED: (Type or Print) (First) Nell (Middle) H. (none) (Last) Hunter

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 10-24-93
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hilliard
14. MOTHER'S MAIDEN NAME: Lena Kleppner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.4
IMMEDIATE CAUSE (A) Chr Granulocytic Leukemia — 3 mo
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE, OR CONDITION CAUSING DEATH. with Severe Hemolytic Anemia Sec — Aug 1953

19A. DATE OF OPERATION: 10/29/53
19B. MAJOR FINDINGS OF OPERATION: Splenectomy for Hemolytic Anemia
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☒ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7/, 1937, to 4/24/, 1954, that I last saw the deceased alive on 4/23/, 1954, and that death occurred at 5:58 A. M, from the causes and on the date stated above.

SIGNATURE Howard I. Moss M. D. ADDRESS 7030 Carroll Ave Takoma Park Md DATE SIGNED 4/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transit Burial
DATE THEREOF April 27, 1954
NAME OF CEMETERY OR CREMATORY Homewood Cemetery
LOCATION (City, town, or county) Pittsburgh (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 4-24-1954
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. NW. D.C. Takoma Park D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03775

3760

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick ave,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Frederick ave,

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Isreal (Last)

4. DATE OF DEATH: (Month) (Day) (Year) April 16, 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: July 2, 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Kain Howard
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Frank Isreal. Rockville, Md (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 332X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) cerebral anoxia	15 m.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) cerebral vascular Thrombosis	24 hr
DUE TO		
	(c) arteriosclerosis	Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 2, 1953 to 4/16/1954, that I last saw the deceased alive on 4/16/, 1954, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE Stephen N. Jones (DEGREE OR TITLE) M.D. ADDRESS Rockville Md DATE SIGNED 4/19/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/19/54
NAME OF CEMETERY OR CREMATORY Lincoln Park
LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REG. 4-19-54
REGISTRAR'S SIGNATURE Dorothy M. Jacobson
24. FUNERAL DIRECTOR Robert L. Snowden, Rockville, Md ADDRESS

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03776

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3794

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS River Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) River Road

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Jackson (Last)

4. DATE OF DEATH: (Month) Apr (Day) 17 (Year) 1954

5. SEX male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH apr. 16, 1877

9. AGE last birthday 77 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wash. D.C.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 226-26-1048

17. INFORMANT AND ADDRESS Josephine Williams 1505 Que St Wash. D.C. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE: WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Brosnahan M.D. Gaithersburg md 4-17-54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF 4/22/54 — NAME OF CEMETERY OR CREMATORY Lincoln Park — LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REG. 4/23/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15A

3795 03777

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 44

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2406 Birch Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2406 Birch Drive

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) Arnold (Last) Jamerson

4. DATE OF DEATH (Month) April (Day) 15 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 22, 1954

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 2 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: ——

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter C. Jamerson

14. MOTHER'S MAIDEN NAME: Cornelia Weeks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Peter C. Jamerson, 2406 Birch Drive, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Asphyxia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Suffocation DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS ✓PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

21c. (City or town) (County) Mont (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF APRIL 16, 1954

NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory

LOCATION (City, town, or county) (State) Prince George's County, Md.

DATE REC'D BY LOCAL REG. [illegible]

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR 20 1954

BUREAU

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

03778

2411 N. Charles Street, Baltimore

3745

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY MONT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) ✓
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8500 Flower Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ✓ District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) Brighton Hotel

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) (Last) Jeansen

4. DATE OF DEATH (Month) April (Day) 22 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 7, 1870
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Jackson, Tenn.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Galen E. Green
14. MOTHER'S MAIDEN NAME Martha McRee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Galen Green, 5006 Pine Branch Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Vascular accident with Ascency	6 wks
	(c) Generalized Arteriosclerosis	2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 1953 to 4-22, 1954, that I last saw the deceased alive on 3-23, 1954 and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Silver Spring Md DATE SIGNED 4-22-54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 4-23-54
NAME OF CEMETERY OR CREMATORY Cedar Hill Bros
LOCATION (City, town, or county) (State) Suitland, Md

DATE REC'D BY LOCAL REG. 4-22-54
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Joseph Gawler's Sons, 1756 Pa. Ave. N.W. D.C. Wash. D.C.
ADDRESS

Cleared with Dr. Broschert
per. Takoma Park Police Dept.
John S. Rogers M.D.

03779

MARYLAND

STATE DEPARTMETT OF HEALTH

3746

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8117 Hartford Ave.

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) Catherine (Last) Jenkins

4. DATE OF DEATH (Month) April (Day) 8 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 1-1-82
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Jenkins
14. MOTHER'S MAIDEN NAME Junie Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4 [illegible] Acute Myocardial Infarction

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent Cholecystectomy

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to 4/8, 1954, that I last saw the deceased alive on 4/8, 1954, and that death occurred at 1:25 pm m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dean H Harding M.D. ADDRESS 113 Carroll St N.W. Wash DC DATE SIGNED 4/8/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-10-54
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Luray (State) Va.

DATE REC'D BY LOCAL REG. April 8-1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J.C. Bradley ADDRESS Luray, Va.

RECEIVED
APR 1 1 1
BUREAU V. S.

Item 18 Film G166 5/28/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03780

3796 CERTIFICATE OF DEATH Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Tridelphia Road

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Burgess (Last) Johnson
4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2.12.12
9. AGE last birthday: 42 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenters Helper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Johnson
14. MOTHER'S MAIDEN NAME: Fannie Burgess

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
340.2
Immediate cause (a) Meningitis, Staphylococcus
DUE TO
Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 6 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1954, to 4/8, 1954, that I last saw the deceased alive on 4/9, 1954, and that death occurred at 8:25 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) Charles S. Whittaker M.D.
ADDRESS Clarksville, Md.
DATE SIGNED 4/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/10/54
NAME OF CEMETERY OR CREMATORY Brown's Chapel
LOCATION (City, town, or county) (State) Dayton, Maryland

DATE REC'D BY LOCAL REGISTRAR 4-10-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR F.C. Higinbothom
ADDRESS Ellicott City, Md.

VS. A15

RECEIVED
APR 14 1954
BUREAU V.

3797

03781
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Fairland
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Columbia Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg (rural)
STREET ADDRESS (If rural, give location) U.S. Route [redacted] R.D.#3

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Warren (Last) Johnson
4. DATE OF DEATH (Month) Apr (Day) 28 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	10-23-21	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk tax assessor office		[redacted] Coffeyville, Kansas	U S A

13. FATHER'S NAME: Walter Perry Johnson
14. MOTHER'S MAIDEN NAME: Hazel Lee Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		none	Mr. Eddie Johnson, 11,105 West Ave. Kensington, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) crushed skull DUE TO	death
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY highway	21c. (City or town) Nr. Fairland	(County) Monty.	(State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-28-54-10:15 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bracchat M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-29-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 1, '54	Parklawn	Rockville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/3/54	Frances Suttil	Ernest A. Humphrey	Bethesda, Md.

VS. A11A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03782

3798 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Md.
STREET ADDRESS (If rural give location) 8401- Irvington Street

3. NAME OF DECEASED: (Type or Print) (First) RUDOLPH (Middle) (Last) JOSE

4. DATE OF DEATH: (Month) APRIL (Day) 5, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 11, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months 6 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Insurance Buis. - District Agent
10b. KIND OF BUSINESS OR INDUSTRY: Agency
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Jose
14. MOTHER'S MAIDEN NAME: Eda Schemel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: MRS. LAWRENCE B. COOK - (DAUGHTER) 8401- Irvington St. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Pulmonary Oedema — Interval Between Onset And Death 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — Many years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1947, to April 5, 1954, that I last saw the deceased alive on April 5, 1954, and that death occurred at 1245 pm, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS 8016 Irvington Road DATE SIGNED 4/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF APRIL 8/54
NAME OF CEMETERY OR CREMATORY ROCK CREEK CEM.
LOCATION (City, town, or county) (State) WASHINGTON, D.C.

DATE REC'D BY LOCAL REGISTRAR 4/5/54
REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Martin W. Hysong Co. ADDRESS 1300-N St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR
BUREAU T. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

3799 **CERTIFICATE OF DEATH** 03783

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 446 N. Frederick Ave

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) LaChapelle

4. DATE OF DEATH (Month) Apr (Day) 14 (Year) 1954

5. SEX Fe.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-23-1954
9. AGE last birthday yrs. If under 1 year Months Days 21 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S E

13. FATHER'S NAME Edw Jos. LaChapelle
14. MOTHER'S MAIDEN NAME Olga Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Eliz Mills - Gaithersburg Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

921.0

Immediate cause (a) Asphyxia due to Vomitus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Respiratory Infection

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY H
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Found dead in bed

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-14-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-15-54
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) Gaithersburg (State) Md.

DATE REC'D BY LOCAL REG. Apr. 14, 1954
REGISTRAR'S SIGNATURE Amada G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md.

2 4 x 11 + +

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3800 03784

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 442 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington — DC
STREET ADDRESS (If rural, give location) 1365 Kennedy st. NW

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Ward (Last) Leister
4. DATE OF DEATH (Month) Apr. (Day) 18 (Year) 1954
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 18-1898
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Chief Transportation U.S. Naval Air Station
11. BIRTHPLACE (State or foreign country) Penn
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unk
14. MOTHER'S MAIDEN NAME Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Educiabe Leister — wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Congestive Heart Failure.	6+ weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion & Infarction	5 yrs.
	(c) Mitral valve damage. Rheumatic.	40 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT (Specify) SUICIDE HOMICIDE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951 to April 18 1954, that I last saw the deceased alive on April 17 1954, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alt. Richwine, MD ADDRESS 5 Ch 15 Md Western Ave DATE SIGNED 18 April 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/21/54
NAME OF CEMETERY OR CREMATORY Arlington Nat'l
LOCATION (City, town, or county) (State) Arlington, Va
DATE REC'D BY LOCAL REG. 4/19/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Seal Funeral Home ADDRESS 4812 Georgia ave. N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Deal Funeral Home
4812 Ga ave. D.C.

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03785

3801 **CERTIFICATE OF DEATH** Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Nursing Home	STREET ADDRESS (If rural give location) 1007-Sigsbee Pl., N.E.

3. NAME OF DECEASED: (Type or Print) (First) ROSA (Middle) MARGARET (Last) LINKINS

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: June 7, 1866 | 9. AGE last birthday: 87 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Jilian | 14. MOTHER'S MAIDEN NAME: Annie Kilt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: No. | 17. INFORMANT & ADDRESS: Raymond B. Linkins 4109 12th st N.E. Wash., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.-

Immediate cause (a) Congestive Heart Failure — 3 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — 3 yrs.

DUE TO

(c) Generalized arteriosclerosis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30, 1954, to 5-21, 1954, that I last saw the deceased alive on 5-20, 1954, and that death occurred at 4 30 pm, from the causes and on the date stated above.

SIGNATURE John Rogers M.D. (Degree or title) ADDRESS 24/9 Churchill Rd. Silver Spring Md. DATE SIGNED 4-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Apr. 24, 1954 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 4-22-54 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR J. Wm Lee Sons Co — ADDRESS Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 26 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03786

3802 **CERTIFICATE OF DEATH** Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 1725 Arcola ave.

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) F. (Last) LOFFLER
4. DATE OF DEATH: (Month) 4 - (Day) 15 - (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3-11-1893
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Machinest
10b. KIND OF BUSINESS OR INDUSTRY: Foringer & Co.
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Ernest Loffler
14. MOTHER'S MAIDEN NAME: Anna Helmuth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY No.: 214-20-2945
17. INFORMANT & ADDRESS: Mrs Anna Loffler 2604 R.I. ave. N.E. (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 322.0
(a) Cerebral hemorrhage — Interval Between Onset And Death: 3 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Acute Alcoholism — 1 week
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1949, to 4/15, 1954, that I last saw the deceased alive on 4/16/, 1954, and that death occurred at 3:15 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Patrick Jameson M.D. ADDRESS 1944 Seminary Rd Silver Spring Md DATE SIGNED 4/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-19-54
NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery
LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REGISTRAR 4-16-54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

3803 CERTIFICATE OF DEATH

Reg. Dist. No. 03787

1. PLACE OF DEATH COUNTY	MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	U. S. Naval Hospital
2. USUAL RESIDENCE (HOME) OF DECEASED STATE	Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
STREET ADDRESS (If rural, give location)	2140 12th St S Arlington,
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	
4. DATE OF DEATH (Month) (Day) (Year)	19
5. SEX	e
6. COLOR OR RACE	White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Married
8. DATE OF BIRTH	9-15-05
9. AGE last birthday	yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Mr. James (n) [illegible]
14. MOTHER'S MAIDEN NAME	Mrs Alice BURGIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	
16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Infarction Myocardium

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Thrombosis, coronary artery

(c) arteriosclerosis, coronary artery

INTERVAL BETWEEN ONSET AND DEATH

[illegible]

4 hours

unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?	Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
INJURY OCCURRED While at Work ☐ Not While At work ☐	
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on [illegible] April, 19..., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 4-5-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 7 April 1954	NAME OF CEMETERY OR CREMATORY Arlington National Cemetery	LOCATION (City, town, or county) (State) Arlington, Vir
DATE REC'D BY LOCAL REG. 7 April 1954	REGISTRAR'S SIGNATURE Mary E. [illegible]	24. FUNERAL DIRECTOR 7527 Wisconsin Avenue, Bo	ADDRESS

MARGIN RESERVED FOR BINDING

1

3B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03788

3804 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John.
STREET ADDRESS (If rural give location) 7823 McArthur Blvd.

3. NAME OF DECEASED: (First) Elsie (Middle) Brown (Last) Lynch

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 24, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Moor

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: (Same as mother) Elsie L. Pond

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: approx one month

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uremia

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Mar, 1954, to 5 Apr., 1954, that I last saw the deceased alive on 5 Apr, 1954, and that death occurred at 6:55 PM, from the causes and on the date stated above.

SIGNATURE Zack W Sanders M.D. ADDRESS Cabin John Md DATE SIGNED 6 April 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-8-54

NAME OF CEMETERY OR CREMATORY Rock Creek

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 4/6/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphreys

ADDRESS Bethesda, Md.

VS. A15—10-53

RECEIVED
APR 8 1954
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03789

3805 CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209- ROSEMARY

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
STREET ADDRESS (If rural give location) 209- ROSEMARY

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) L. R. (Last) LYON

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: AUG. 18- 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Mich
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Porter Russell
14. MOTHER'S MAIDEN NAME: Eliza Mickley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Rowland Lyon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anemia — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiovascular disease — 5 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interstitial cystitis — 6 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1949 to April 20, 1954, that I last saw the deceased alive on April 20, 1954, and that death occurred at 3 15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 4/21/54

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF 4-23-54 NAME OF ~~CEMETERY~~ OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REGISTRAR 4/23/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Jos. Gawler's Sons ADDRESS 1756 Pa Ave N.W.

RECEIVED
APR
BUREAU V. S.

Film#G164 Item# 3 4/9/54 cmf

03790

3806

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2012 O St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Evelyn (Last) Mahoney
4. DATE OF DEATH (Month) April (Day) 4 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-11-1868
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Helen B Goodwin 124 E. Thornapple St Chevy Chase, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) hypertension — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture Rt hip — 25 days

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-4-54

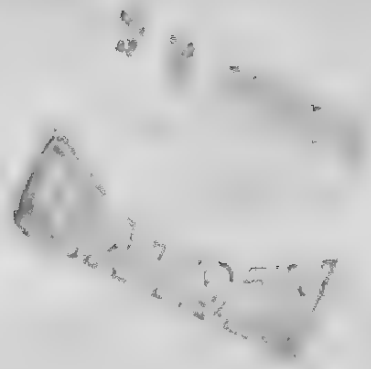
23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4-6-54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 4/5/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14 St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 63791

3807 CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney, Maryland
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton
STREET ADDRESS (If rural give location) 2020 Henderson Avenue

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) (Last) Marcus

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): cleaning store owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Records from Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 8

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Uraemia,

DUE TO

(c) Funeral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1954, to 4/1, 1954, that I last saw the deceased alive on 4/1, 1954, and that death occurred at 10.35 am., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring DATE SIGNED 4/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4-2-54 NAME OF CEMETERY OR CREMATORY Beth Sholom Cem LOCATION (City, town, or county) Hillside Md (State)

DATE REC'D BY LOCAL REGISTRAR 4-1-54 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS 3501-14th St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1934
BUREAU V. S.

MARYLAND 3808

STATE DEPARTMETT OF HEALTH 03792

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Virginia COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural — LENGTH OF STAY (in this place): 2mo 18 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Charlottsville,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): Post Office Box 702

3. NAME OF DECEASED (Type or Print)	(First) Madeline	(Middle) Meredith	(Last) MC BRIDE	4. DATE OF DEATH	(Month) April (Day) 19 (Year) 1954
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 8-11-01	9. AGE last birthday: 52 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Housewife	11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Jacque MEREDITH		14. MOTHER'S MAIDEN NAME: Jessie HODGES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If year, give war or dates of service): - -	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Husband: William MC BRIDE Post Office Box 702 Charlottsville, Va.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X

Immediate cause (a) Hodgkins Disease —

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs (approx)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Feb, 19 54 to 19 April, 19 54, that I last saw the deceased alive on 19 April, 19 54, and that death occurred at 3:40 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B. L. CANAGA JR CDR MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland 4-21-54

23. BURIAL, CREMATION REMOVAL (Specify): Removal Burial	DATE: 23 April 1954	NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery	LOCATION (City, town, or county) (State): Norfolk, Virginia
DATE REC'D BY LOCAL REG.: 19 April 1954	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: CUNNINGHAM Funeral 1Home Cameron & Alfred St., Alexandria, Va.	ADDRESS

MARGIN RESERVED FOR BINDING

RECEIVED
APR
BUREAU U. S.

3809 MARYLAND STATE DEPARTMENT OF HEALTH 03793

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STATE MARYLAND; LENGTH OF STAY (in this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5524 Trent Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 5524 Trent Street

3. NAME OF DECEASED (Type or Print): (First) FRANCES (Middle) L. (Last) MILLER

4. DATE OF DEATH: (Month) Apr. (Day) 28 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug. 30. 1878

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days 28; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: H.W.

11. BIRTHPLACE (State or foreign country): Canton Ohio

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: William Arnold Lynch

14. MOTHER'S MAIDEN NAME: Eliza Ann Underhill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: J.J.Miller- Item " 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Melanotic Carcinoma — with — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral metastases — 1 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: May 1953; Nov. 1953

19b. MAJOR FINDINGS OF OPERATION: Melanotic Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1939, to 4-28, 1954, that I last saw the deceased alive on 4-27, 1954, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elizabeth Chickering M.D. 3601 Conn. Ave Washington 8 4-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: 4-30-54

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: 4/30/54

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR: Robert H. Crumpley ADDRESS: Bethesda, Md.

RECEIVED
MAY 4 1954
PLAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03794

3810 CERTIFICATE OF DEATH Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS THE MONTGOMERY COUNTY GENERAL HOSPITAL, INC. OLNEY, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Lucille (Last) Miller

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE? White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: July 26, 1914 | 9. AGE Last birthday: 39 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles A. Fraley

14. MOTHER'S MAIDEN NAME: Lollie Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 171.X Adenocarcinoma Generalized, DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Primary focus, uterine cervix DUE TO

(c)

Interval Between Onset And Death: 20 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma, cervix.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Apr. 6, 1954, that I last saw the deceased alive on Apr. 5, 1954, and that death occurred at 4:05 a., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jack Schumacher M.D. Gaithersburg, Md. Apr. 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF April 8/54 | NAME OF CEMETERY OR CREMATORY Montgomery Co. Memorial | LOCATION (City, town, or county) Montgomery Co. | (State)

DATE REC'D BY LOCAL REGISTRAR 4-8-54 | REGISTRAR'S SIGNATURE Gertrude B Fowler | 24. FUNERAL DIRECTOR Roy W Barber | ADDRESS Gaithersburg

VS. A15

RECEIVED
APR 13 1954
BUREAU V. S.

3811

03795

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington Grove

STREET ADDRESS (If rural, give location) Gaithersburg P.O.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) ANN (Last) MILLS

4. DATE OF DEATH (Month) April (Day) 8, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan. 10, 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months 2 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ~~Unknown~~ James Oakman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Martha Looper- 713 W. Montg. Ave. Rockville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: ~~fifty~~ 5 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio Vascular disease — years ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arthritis hypertrophic Hands, Knees, Hips ?

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John G. Ball M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 5 April 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-11-54

NAME OF CEMETERY OR CREMATORY Forest Oak

LOCATION (City, town, or county) (State) Gaithersburg, Maryland

DATE REC'D BY LOCAL REG. Apr. 9, 1954

REGISTRAR'S SIGNATURE Alruda G. Cooke

24. FUNERAL DIRECTOR Robert A. Pumphrey

ADDRESS Bethesda, Marylan

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
APR 1
V. S.

Film G164 Item 8. 4/14/54 cmf

MARYLAND 3812

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

03796

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Navy Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Covington
STREET ADDRESS (If rural, give location) [illegible] North High Street ✓

3. NAME OF DECEASED (Type or Print): (First) Janis (Middle) Roberta (Last) MONTGOMERY

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 19

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 8-18-4[illegible]

9. AGE last birthday yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) [illegible]

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James L. MONTGOMERY

14. MOTHER'S MAIDEN NAME Marlyes KENNAUTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY No.

17. INFORMANT, AND ADDRESS MONTGOMERY [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

19 54 X

Immediate cause (a) Medullo blastoma, Cerebellum — Interval between onset and death: 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 4-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03797

3813 CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyd's R.F.D
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds R.F.D
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William (Last) Moore
4. DATE OF DEATH: (Month) Apr (Day) 1 (Year) 1954
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan-27-1866
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired farm owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William H Moore
14. MOTHER'S MAIDEN NAME: Barbara C Boyer
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs William Moore, Boyd's Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Congestive heart failure — 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive arteriosclerotic heart disease — 10 years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Squamous cell Carcinoma of upper lip — 8 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to 1 April, 1954, that I last saw the deceased alive on 1 April, 1954, and that death occurred at 7 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) John J Fawcett M.D. ADDRESS Boyd, Md. DATE SIGNED 2 April 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/3/54
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) (State) Beallsville Md
DATE REC'D BY LOCAL REGISTRAR April 2, 1954.
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1954
BUREAU V.

03798

MARYLAND 3814

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darnestown'
LENGTH OF STAY (In this place) 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darnestown
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) MOULDEN

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 25, '74

9. AGE last birthday 80 yrs. If under 1 year: Months 1 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Moulden

14. MOTHER'S MAIDEN NAME ? Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Hester B. Blankship-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 3 days.

Antecedent cause(s) (b) Arteriosclerotic Cardiovascular - Renal Disease — 6 years.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, C-V. accident — one month

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 March 1954, to 18 Apr, 1954, that I last saw the deceased alive on 17 Apr, 1954, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE John M. Smith (Degree or title) M.D ADDRESS Barnesville DATE SIGNED 17 Apr. 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4/19/1954 — NAME OF CEMETERY OR CREMATORY Rockville Union — LOCATION (City, town, or county) (State) Rockville Maryland

DATE REC'D BY LOCAL REG. 4-20-54 — REGISTRAR'S SIGNATURE Dorothy M. Jackson — 24. FUNERAL DIRECTOR Robert A. Humphreys — ADDRESS Bethesda, Md.

RECEIVED
APR 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03799

3815 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE ~~District of Columbia~~ COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural LENGTH OF STAY (in this place) 4 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Washington, D.C.~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET ADDRESS (If rural give location) 5734 26th Avenue

3. NAME OF DECEASED: (Type or Print)	(First) Donna	(Middle) Ruth	(Last) MUMFORD	4. DATE OF DEATH.	(Month) April (Day) 24 (Year) 1954
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH: 8-15-34	9. AGE last birthday 19 yrs	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10B. KIND OF BUSINESS OR INDUSTRY: Housewife	11. BIRTHPLACE (State or foreign country): Lebanon New Hampshire	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Phillip LE VESQUE	14. MOTHER'S MAIDEN NAME: Mary HANNEBERRY				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) Korea	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT & ADDRESS: Husband: William D. MUMFORD 5734 26th Avenue, Washington, D.C.			

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

640X

IMMEDIATE CAUSE (A) Hemorrhage, adrenal, bilateral — 3 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Shock, irreversible — 18 hrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 951.2 DUE TO (C) Transfusion reaction following administration of cold stored blood later found to be contaminated by cold growing organisms — 22 ½ hr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Epilepsy, idiopathic. Pyelonephritis, prenatal and puerperal. Anemia, post partum.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 April 1954, to 24 April 1954, that I last saw the deceased alive on 24 April, 1954, and that death occurred at 8:05AM, from the causes and on the date stated above.

SIGNATURE J. A. Pease — ADDRESS J. A. PEASE CDR MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 4-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 27 April 1954	NAME OF CEMETERY OR CREMATORY Arlington National Cemetery	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR 30 April 1954	REGISTRAR'S SIGNATURE Mary C. Faulkey	24. FUNERAL DIRECTOR R.A. PUMPHREY Funeral Home 7557 Wisconsin Avenue, Bethesda, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
MAY 3 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3747 CERTIFICATE OF DEATH

Reg. Dist. No. 03800 203

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sant Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Keller
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Dorothy (Last) Murray

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 6/16/~~85~~ 77
9. AGE last birthday: ~~73~~ 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Boston, Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Curran
14. MOTHER'S MAIDEN NAME: Ann Welton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Washington Sant Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
170X Immediate cause	(a) Respiratory Arrest + Failure	2 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CARCINOMATOSIS of Chest + Abdomen	6 mths.
	DUE TO (c) Adenocarcinoma of Breast	5 yrs.

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ ~~Not While~~ At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1953, to Apr. 1, 1954, that I last saw the deceased alive on Apr. 1, 1954, and that death occurred at 7 pm, from the causes and on the date stated above.

SIGNATURE C.R. Anderson (Degree or title) MD ADDRESS 7600 Carroll Ave Takoma Park 12 Md. DATE SIGNED 4.2.54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Apr 2 1952
NAME OF CEMETERY OR CREMATORY Flaxcoln Crematory
LOCATION (City, town, or county) (State) Pr. George Co. Md.
DATE REC'D BY LOCAL REGISTRAR April 2 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S.H. Hines Co ADDRESS 2901-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03801

3748 CERTIFICATE OF DEATH, Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Takoma Park
LENGTH OF STAY (in this place) 6 da's 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 555 15th St., SE., Wash., D.C. ✓

3. NAME OF DECEASED: (Type or Print) (First) Mr. John (Middle) Amandus (Last) Narjes

4. DATE OF DEATH (Month) (Day) (Year) 4 - 29 1954

5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 6-22-61
9. AGE last birthday 92 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bricklayer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Narjes
14. MOTHER'S MAIDEN NAME: Marie Deyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) German Army
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Nephew: Harold W Cannella 5024 Hanna Place, S.E., Washington, DC

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) Cerebral vascular accident	7 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerotic heart dis	years
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	See Cancer of colon	years.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22/54 to 4/28, 1954, that I last saw the deceased alive on 4/28, 1954 and that death occurred at 3:... A M, from the causes and on the date stated above.
SIGNATURE Charles M Weber M. D.
ADDRESS 2600 Parklawn Dr. Rockville
DATE SIGNED 4/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried
DATE THEREOF May 1 1954
NAME OF CEMETERY OR CREMATORY Congressional Cem
LOCATION (City, town, or county) Washington
(State) DC

DATE REC'D BY LOCAL REGISTRAR 4-29-1954
REGISTRAR'S SIGNATURE J Milton Dodd
FUNERAL DIRECTOR J Tom Lee & Sons
ADDRESS Wash. D.C.

RECEIVED
MAY 3 1954
BUREAU OF

03802

MARYLAND 3816 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (If this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 221 South 40th Street ✓

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Leon (Last) OELSCHLAGER
4. DATE OF DEATH: (Month) April (Day) 25 (Year) 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-12-05
9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10b. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles E. OELSCHLAGER
14. MOTHER'S MAIDEN NAME: Edith LAUVAUZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Yes WW II Korea
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mother: Mrs.Edith L. OELSCHLAGER 221 South 40th Street, Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
Immediate cause (a) Carcinoma extra-hepatic bile ducts with liver metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 wks
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/22/54
19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma filling liver
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Mar, 19 54 to 25 April, 19 54, that I last saw the deceased alive on 25 April, 19 54, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

SIGNATURE W.C.Davis (Degree or title) LT MC USN ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 4-26-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 28 April 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 26 April 1954
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: R. A. PUMPHREY FUNERAL HOME
ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland

RECEIVED
APR 27
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

3817

CERTIFICATE OF DEATH

03803

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (In this place) [illegible] day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Richmond
STREET ADDRESS (If rural, give location) 3816 Fauquier Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) DRUMMOND
4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1954

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]
8. DATE OF BIRTH: 4-4-30
9. AGE last birthday: 23 yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: John DRUMMOND
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If year, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X
Immediate cause (a) asthma, [illegible]

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]
(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH: 1½ [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 March, 19 54, to 2 April, 19 54, that I last saw the deceased alive on [illegible], 19 [illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S. F. MILLS JR LT M.C. U.S. Naval Hospital, NNMC, Bethesda, Maryland 4-2-54

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] | DATE 6 April | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. APRIL 1954 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

3818

03804
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1709 Dublin Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1709 Dublin Drive

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LYDIA (Last) OTT

4. DATE OF DEATH (Month) April (Day) 18 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Feb. 12, 1901	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Agent	Real Estate	McCracken, Kansas	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Start	Amelia Schutte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No	578-12-1377	Archie R. Ott, 1709 Dublin Drive, Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Arrest	Few Minutes
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis, coronary, advanced	2 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Chronic Bronchitis & Emphysema — 2 years

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Frank J. Broshad, M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED: 4-18-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 21, 1954	Fort Lincoln Cemetery	Prince George's County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-20-54	Frances Tuttle	Warner E. Pumphrey	Silver Spring, Md. 8434 Georgia Ave.

RECEIVED
APR 13 1971
BUREAU V. S.

MARYLAND 3819 03805

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... LENGTH OF STAY (in this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Coline (Middle) Malone (Last) Pitt

4. DATE OF DEATH (Month) April (Day) 1 (Year) 19

5. SEX ... 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH 12-12-03 9. AGE last birthday 60 yrs. If under 1 year: Months ... Days ... If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] 10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Texas 12. CITIZEN OF WHAT COUNTRY? ...

13. FATHER'S NAME Robert WALKER

14. MOTHER'S MAIDEN NAME Cora WALKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) ... 16. SOCIAL SECURITY NO. ...

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.1
Immediate cause (a) Chronic Myelogenous Leukemea — Interval Between Onset and Death: 3yrs

Antecedent cause (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ... 19b. MAJOR FINDINGS OF OPERATION ... 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ... INJURY OCCURRED While at Work ☐ Not While At work ☐ ... HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE G. R. Mills (Degree or title) ADDRESS ... DATE SIGNED 4-8-54

23. BURIAL, CREMATION, REMOVAL (Specify) ... DATE 8 April 1954 NAME OF CEMETERY OR CREMATORY Naval Academy Cemetery LOCATION (City, town, or county) Annapolis, Maryland (State)

DATE REC'D BY LOCAL REG. 8 April 1954 REGISTRAR'S SIGNATURE Mary B. Farrell

24. FUNERAL DIRECTOR ... ADDRESS ...

Item 18 Film G164 4/15/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3820 CERTIFICATE OF DEATH

03806 2 14
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Colesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 2 Laurel

2. USUAL RESIDENCE (HOME) OF DECEASED:
Montgomery
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Colesville
STREET ADDRESS (If rural give location) R.F.D.# 2 Laurel

3. NAME OF DECEASED: (Type or Print) (First) Shirley (Middle) Lindsey (Last) Pallansch

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 24, 1930

9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Grad. Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ralph Lindsey

14. MOTHER'S MAIDEN NAME: Elizabeth Cox

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Robert J. Pallansch-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 197X

DUE TO (a) Cancer, primary, left foot with metastases.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) (Cancer of Soft Tissue)

(c)

Interval Between Onset And Death: 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1942, to , 1954, that I last saw the deceased alive on Mar 17, 1954, and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) John N. Andrews M.D. ADDRESS 9601 Colesville Rd Silver Spring, Md DATE SIGNED 4-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF 4-7-54

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, Town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 4-6-54

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Robert H. Dunphey ADDRESS Bethesda, Md.

VS. A15

RECEIVED
APR 8 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03807

Item 8, 9 File G177 3 7 55L

3749

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 7701 Georgia Ave., N.W., D.C.

3. NAME OF DECEASED: (Type or Print) (First) Jane (Middle) Elizabeth (Last) Parker

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-14-~~1894~~ 1888
9. AGE last birthday ~~57~~ 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Mass. Cheshire
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Walters
14. MOTHER'S MAIDEN NAME: Clara Stowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Mediastinitis acute; and massive bilateral pulmonary atelectasis due to aspiration of mucus.
561.4
IMMEDIATE CAUSE (A)
ANTECEDENT CAUSE (S) DUE TO Ruptured stomach (cardiac portion) & distal esophagus
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Incarcerated hiatus hernia
(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs. / 42 hrs. / 3 or more years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obesity; hypertension

19A. DATE OF OPERATION: 4.4.54
19B. MAJOR FINDINGS OF OPERATION Ruptured stomach (within hiatus hernia) and esophagus; mediastinitis & peritonitis
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2, 1954 to present, 19 .., that I last saw the deceased alive on 4-6, 1954, and that death occurred at 2:05 P M, from the causes and on the date stated above.

SIGNATURE Jason Geiger M.D. ADDRESS 931 Pershing Drive - Silver Spring, Md. DATE SIGNED 4.6.54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial
DATE THEREOF 4/9/54
NAME OF CEMETERY OR CREMATORY Chesshire Cemetery
LOCATION (City, town, or county) (State) Chesshire, Mass.

DATE REC'D BY LOCAL REGISTRAR April 9 1954
REGISTRAR'S SIGNATURE Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

1

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03808

3750 CERTIFICATE OF DEATH Reg. Dist. No. 223-

1. PLACE OF DEATH: Washington Sanitarium + Hospital
COUNTY: Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 9508 Caroline Ave

3. NAME OF DECEASED (Type or Print): (First) Rebecca (Middle) (none) (Last) Perry

4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1954

5. SEX: Fe

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 10-17-78

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Abraham Regardie

14. MOTHER'S MAIDEN NAME: Mae Doris ———

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: By Son-

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) – Myocardial Failure	30 minutes
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Acute myocardial Infarction	2½ days
	DUE TO (C) Generalized Arteriosclerosis	–

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20 ..., 1954, to 4/22 ..., 1954, that I last saw the deceased alive on 4/22 ..., 1954, and that death occurred at 10:45 PM, from the causes and on the date stated above.

SIGNATURE: Benjamin Isaacson ADDRESS: M. D. 7896 Georgia Ave. S.S. Md. DATE SIGNED: 4/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-23-54

NAME OF CEMETERY OR CREMATORY: Ahav Sholom Ass'n

LOCATION (City, town, or county) (State): Washington D C

DATE REC'D BY LOCAL REGISTRAR: 4-23-54

REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR: I. Davis Sons ADDRESS: 3501-14th St NW

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
AP
BUREAU V. S.

3821

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03809 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stewart Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Montgomery COUNTY Maryland
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN R.F.D. Silver Spring Md
STREET ADDRESS (If rural, give location) Stewart Lane.

3. NAME OF DECEASED: (Type or Print) (First) Rodger (Middle) Wayne (Last) Poge.
4. DATE OF DEATH (Month) (Day) (Year) April 5 1954.

5. SEX: Male.
6. COLOR OR RACE: Colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 30 Jan 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland Suburban Hospital Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Poge.
14. MOTHER'S MAIDEN NAME: Daisy Yorbrugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Walter Poge.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
561.0
Immediate cause (a) Rt Inguinal Hernia Strangulated.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 48 hr?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 6 April 54
19b. MAJOR FINDING OF OPERATION: Strangulated Hernia
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John G. Bell 7 Georgetown Rd Bethesda Md M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 6 April 54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4/9/54
NAME OF CEMETERY OR CREMATORY Buckyard
LOCATION (City, town, or county) (State) Cabin Johns, Md

DATE REC'D BY LOCAL REG. 4-9-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md

2514 3 IV + 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR 1
LIBRARY V. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03848

3822 CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural give location) Route - 2 -

3. NAME OF DECEASED: (First) Elwood (Middle) Cleveland (Last) Green
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept - 15 - 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farmer, laborer
10b. KIND OF BUSINESS OR INDUSTRY: farm, grocery
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Thomas Green
14. MOTHER'S MAIDEN NAME: Rebecca Horton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Spanish American
16. SOCIAL SECURITY No.: 212-16-0694
17. INFORMANT & ADDRESS: Nora Mae Green, Germantown, Md - R-2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility — Interval Between Onset And Death: 3-5 years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Asthma — 10-20 years
DUE TO
(c) Arthritis — 3-5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec-21-1953, to April-29-1954, that I last saw the deceased alive on April-26-1954, and that death occurred at 10 15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William E. Miller M.D. ADDRESS 7-Brookside, Gaithersburg, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 2, 1954
NAME OF CEMETERY OR CREMATORY Darnestown Church
LOCATION (City, town, or county) Darnestown (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 5-3-54
REGISTRAR'S SIGNATURE Dorothy M. Jacobs
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

VS. A15

RECEIVED
MAY 7 1954
BUREAU V.. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18810

3823

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Olney

LENGTH OF STAY (in this place): 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring

STREET ADDRESS (If rural give location): R #1

3. NAME OF DECEASED (Type or Print): (First) Calvin (Middle) Harvey (Last) Ray

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 12/2/1891

9. AGE last birthday: 62 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip Hicks Ray

14. MOTHER'S MAIDEN NAME: Virginia Jackson Riggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Chronic congestive heart failure	4 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic myocarditis	5 yrs
	DUE TO (c) Hypertensive cardiovascular disease	6 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ....., 19 53., to Apl. ....., 19 54, that I last saw the deceased alive on Apl. 22, 1954, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. O. Bonjean M.D. Sandy Spring, Md. 4/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Apr 26 54 — NAME OF CEMETERY OR CREMATORY Rockville Union Mont Cty — LOCATION (City, town, or county) (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/26/54 — REGISTRAR'S SIGNATURE Gertrude B Fawler

24. FUNERAL DIRECTOR Roy W Barber — ADDRESS Laytonsville Md

VS. A15

RECEIVED
APR 23 1954
BUREAU V. S.

Film #G165 Item # 9 4/29/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03811

3824 CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Mont. County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney, Md.
LENGTH OF STAY (in this place) 1 yr. 5 mos 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nurs. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Montg
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) SILVER SPRING
STREET ADDRESS (If rural give location) 611 - SLIGO AVE

3. NAME OF DECEASED: (Type or Print) (First) Kathryn (Middle) Ann (Last) Reese
4. DATE OF DEATH: (Month) Apr. (Day) 20 (Year) 1954
5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6-3-1889
9. AGE last birthday: ~~65~~ 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Govt. Cashier
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wales
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Reese
14. MOTHER'S MAIDEN NAME: Ann Jenkins
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Deceased.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute left Heart Failure — Interval Between Onset And Death: sudden.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Gen. Arteriosclerosis with Hypertension — 9 yrs.

DUE TO (c) Cerebral Thrombosis — 3 times in 1952

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7/ 1946, to 4/20/ 1954, that I last saw the deceased alive on Apr. 19, 1954, and that death occurred at 3:30 AM., from the causes and on the date stated above.

SIGNATURE H. I. Morse M.D. (Degree or title) 7030 Carroll Ave ADDRESS Takoma Park Md DATE SIGNED 4/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-23-54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Pr. Georges Co (State) Md
DATE REC'D BY LOCAL REGISTRAR 4-20
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR The S H Hines Co. ADDRESS 2901-14th St N.W. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 03812

3751 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 712 Emmerson N.W.

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Margaret (Last) Riley
4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Causasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 7-2-75
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Anderson
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Anticoronary occlusion c̄ DUE TO Congestive failure in a

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertensive patient (c)

Interval Between Onset And Death: 6-8 hrs; years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 yr., 19 , to 4/11/, 1954, that I last saw the deceased alive on 4/11/, 1954, and that death occurred at 6 35 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) B. M. Wolohan, M.D. ADDRESS 5 - dwor d St. DATE SIGNED 4/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/13/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) Kr. George Co (State) Md
DATE REC'D BY LOCAL REGISTRAR April 11th 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Neal Funeral Hall 4812 9a ave. N.W. Wash D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECE
APR 13 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3825 CERTIFICATE OF DEATH

03813
Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Nursing Home

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2224 Washington Ave. S.S., Md

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) (Last) ROUSE
4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER
8. DATE OF BIRTH: 4/4/1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). BANK CLERK
10b. KIND OF BUSINESS OR INDUSTRY: BANK
11. BIRTHPLACE (State or foreign country): NEW YORK, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: PETER ROUSE
14. MOTHER'S MAIDEN NAME: ADA WOGLAM
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT & ADDRESS: LESLIE MAE VIPOND 10147 SUTHERLAND RD S.S., MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — Interval Between Onset And Death: 10 YRS.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) ASHD, AORTIC INSUF., TRICUSPID INSUF.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR., 1945, to PRESENT, 1954, that I last saw the deceased alive on 4/9, 1954, and that death occurred at 4/14/54 5:30 AM, from the causes and on the date stated above.
SIGNATURE B. Manchester (Degree or title) MD
ADDRESS 3250-16th ST. NW
DATE SIGNED 4/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 4/14/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REGISTRAR 4-14-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Lee Funeral Home
ADDRESS Wash, D.C.

VS. A15

RECEIVED
APR 19 1954
BUREAU V. S

03814

MARYLAND STATE DEPARTMETT OF HEALTH

3826 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda ✓ LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4838 Langdrum Lane	STREET ADDRESS (If rural, give location) 4838 Langdrum Lane

3. NAME OF DECEASED (Type or Print): (First) DORA (Middle) L. (Last) RUETH

4. DATE OF DEATH (Month) (Day) (Year) April 5, 1954 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-1-'69

9. AGE last birthday: 85 yrs. If under 1 Months, 1 year Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Isac Hall

14. MOTHER'S MAIDEN NAME: Synthia Arrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Virginia Lee Guilfoyle-Item#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 MONTHS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Cervix — 2 YRS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to April, 1954, that I last saw the deceased alive on April 5, 1954, and that death occurred at 1445 P m., from the causes and on the date stated above.

SIGNATURE Leo I Sonnen MD (Degree or title) ADDRESS 8016 Georgetown Road DATE SIGNED 4/6/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 4-7-54 NAME OF CEMETERY OR CREMATORY: Mt. Olivet LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 4/6/54 REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Humphrey ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
APR 8
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 03815

3752 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Pk. Md.
LENGTH OF STAY (in this place) 97 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sant Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY Ontario apts.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural give location) Ontario Rd. N.W. Wash. D.C.

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) Edith (Last) Saffell

4. DATE OF DEATH (Month) April (Day) 18 (Year) 1954

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-9-76
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months 3 Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Bateman
14. MOTHER'S MAIDEN NAME: Margaret Felger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Patients Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Heart Disease — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hemiplegia — 4 months

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1954, to Ap. 18, 1954, that I last saw the deceased alive on Apr. 18, 1954, and that death occurred at 8.55 AM, from the causes and on the date stated above.

SIGNATURE C.R. Anderson M.D. ADDRESS 7600 Carroll Avenue DATE SIGNED 4-18-54 Takoma Pk. Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/20/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Prince Georges Co. Md. (State)

DATE REC'D BY LOCAL REGISTRAR April 18th 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901 14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
APR 23 19
BUREAU V. S.

MARYLAND

03816

STATE DEPARTMENT OF HEALTH

3827

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 6204 28th Street

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Leroy (Last) SARRETT Jr

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-4-53

9. AGE last birthday: yrs. — If under 1 year: Months: 10 Days: 9 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert Leroy SARRETT

14. MOTHER'S MAIDEN NAME: Bethel BRYAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

INFORMANT'S NAME AND ADDRESS: Father, Robert L. SARRETT, 6204 28th Street North Arlington, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hydrocephalus, congenital — Interval between onset and death: 10 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 April, 1954, to 13 April, 1954, that I last saw the deceased alive on 13 April, 1954, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

SIGNATURE: D. J. PASCOE

(Degree or title): LT MC USN

ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland

DATE SIGNED: 4-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 15 April 1954

NAME OF CEMETERY OR CREMATORY: National Memorial Cemetery

LOCATION (City, town, or county) (State): Falls Church, Virginia

DATE REC'D BY LOCAL REG.: 13 April 1954

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR AND ADDRESS: PEARSONS Funeral Home, Falls Church, Virginia

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03817

3753 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on Arrival Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 1007 Hopewell Ave

3. NAME OF DECEASED: (Type or Print) Fred Charles Schaefer

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 9, 1881

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Picture Framer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred C. Schaefer

14. MOTHER'S MAIDEN NAME: Christine Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 579-03-3283

17. INFORMANT & ADDRESS: Mattie B. Schaefer (Wife) 1007 Hopewell Ave. Tak. Pk Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1 (A) Coronary Thrombosis DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to April 5, 1954 that I last saw the deceased alive on April 2, 1954, and that death occurred at ? M, from the causes and on the date stated above.

SIGNATURE Roland L. Madden M.D. ADDRESS 1831 Varnum St. N.E. Washington D.C. DATE SIGNED 4/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF April 8, 1954 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem. LOCATION (City, town, or county) (State) Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR April 8th, 1954 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS S.H. Hines Co. 2901 14th St. N.W. Washington D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 7 19
BUREAU V. S.

Film #G165 Item# 13,14
5/3/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03818

3828 CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montg. Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Montgomery COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8106 University Lane	STREET ADDRESS (If rural give location) 8106 University Lane

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) SCHENKER

4. DATE OF DEATH: (Month) Apr. (Day) 24 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Nov. 21, 1880

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months 4 Days 3 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH Schenker

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: HARRY SCHENKER 805 LARCH AVE., TAKOMA PK. MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic bronchitis

DUE TO (c) Bronchial asthma

Interval Between Onset And Death: 5 years

241 X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1953, to April 24 1954, that I last saw the deceased alive on April 22, 1954, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE Boris Rabkin (Degree or title) M.D. ADDRESS 1200 Lebanon Street Silver Spring DATE SIGNED April 24, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 4/26/54 — NAME OF CEMETERY OR CREMATORY ELESAVETGRAD Cem. — LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 4-27-54 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Goldberg Funeral Home — ADDRESS 4217 9th St NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03819

3329 CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington — LENGTH OF STAY (in this place) 2 mos

HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gables Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 4

STREET ADDRESS (If rural give location) 3440-39 St. N.W. Apt. D694

3. NAME OF DECEASED: (Type or Print) (First) MADELINE (Middle) (Last) SCHMALBACH

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 28 1871

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months 7, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Zimmerman

14. MOTHER'S MAIDEN NAME: Mary Popp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Siegfried Schmalbach-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular accident — Interval Between Onset And Death: 3/12 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral arteriosclerosis and hypertensive vascular disease

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 1954, to Apr. 20, 1954., that I last saw the deceased alive on Apr. 19, 1954, and that death occurred at 3:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) George A. Gray Jr. M.D. — ADDRESS 4/20/54 — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial Transit — DATE THEREOF 4/22/1954 — NAME OF CEMETERY OR CREMATORY Woodlawn — LOCATION (City, town, or county) New York City (State) New York

DATE REC'D BY LOCAL REGISTRAR 4/22/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts A. Pumphrey — ADDRESS Bethesda, Md.

APR

EU[illegible]U V. S.

3830 03820

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5005 McArthur Blvd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) W (Last) Sherier
4. DATE OF DEATH (Month) Apr. (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: aug. 15-1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Building Engineering Dept.
11. BIRTHPLACE (State or foreign country): Washington D.C
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C. Sherier
14. MOTHER'S MAIDEN NAME: Mary Birch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: 5005 McArthur Blvd. Wash. D.C. Daughter - Frances Damren

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 904.0

Immediate cause (a) Shock — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of left hip — 5 wks

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
21c. (City or town) Washington (County) (State) DC
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Fell, Jat home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bosschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF April 26 54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 4/26/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Chevy Chase Funeral Home ADDRESS (305) 5101 Wise. Ave N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3754 — Reg. No. 03821

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH.
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1804 East Fayette St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) (nee) (Last) Silverman

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1954

5. SEX: Fe — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married — 8. DATE OF BIRTH: — 9. AGE last birthday: about 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Latvia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram Gorador — 14. MOTHER'S MAIDEN NAME: Gussie (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT (Son-in-law) & ADDRESS: Silver Spring, Md. Mr. Marvin Conn - 2223 Osborne Dr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: Cerebro Vascular Accident, Brain Stem Hemorrhage — 2 months

ANTECEDENT CAUSE (B) DUE TO: Hypertensive Heart Disease — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 260X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Diabetes, Hemiplegia — unknown

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 11, 1954, to Apr 13, 1954, that I last saw the deceased alive on April 13, 1954, and that death occurred at 8. P. M, from the causes and on the date stated above.

SIGNATURE C. L. Anderson M.D. — ADDRESS Takoma Park Md. — DATE SIGNED 4-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 4-15-54 — NAME OF CEMETERY OR CREMATORY: Herring Run — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REGISTRAR 4-15-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Jack Lewis Jr. — ADDRESS 2100 Eutaw Pl

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3831 CERTIFICATE OF DEATH

Reg. Dist. No. 03822 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase Md.; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg.; CITY OR TOWN Chevy Chase # 15; STREET ADDRESS (If rural give location) 5805 Highland Dr.

3. NAME OF DECEASED: (First) Bessie (Middle) VAN ZANDT (Last) SMITH (Type or Print)

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1954

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 8. DATE OF BIRTH: 10-8-1885 9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Burlington Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Nelson Van Zandt

14. MOTHER'S MAIDEN NAME: Elizabeth Van Middlesworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Elizabeth Powell 5805 Highland Dr Chevy Chase Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X (a) Cerebral Thrombosis & Left Hemiplegia — Interval Between Onset And Death: 3 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension Cardio Vascular Disease — 10 yrs +

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Apr. 7, 1954, that I last saw the deceased alive on Apr. 6, 1954, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

SIGNATURE Geo. R. Hoffman (Degree or title) M.D. ADDRESS 1912 R St. Wash. D.C. DATE SIGNED Apr. 7 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit DATE THEREOF 4-10-54 NAME OF CEMETERY OR CREMATORY Sun Set Hill LOCATION (City, town, or county) (State) Bozeman Montana

DATE REC'D BY LOCAL REGISTRAR 4/7/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St. N.W Washington 9 D.C.

VS. A15

RECEIVED
APR 9 1954
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

3832 CERTIFICATE OF DEATH

Reg. Dist. No. 43823 15

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural; LENGTH OF STAY (in this place) MARYLAND 1mo 26 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.; STREET ADDRESS (If rural, give location) 1504 Irving Street NE

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Bernard (Last) SMITH

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-2-82

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Civil Service

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John A. SMITH

14. MOTHER'S MAIDEN NAME: Elizah SHARPE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Yes ✓ Spanish American

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Wife: Mrs. Erbestine B SMITH, 1504 Irving St NE, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinoma pancreas with generalized abdominal metastases and direct

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) extension into the small intestine. (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Feb ..., 19 54, to 20 April ..., 19 54, that I last saw the deceased alive on 20 April ..., 19 54, and that death occurred at 3:15 a. m., from the causes and on the date stated above.

SIGNATURE W. C. Davis (Degree or title) ADDRESS DATE SIGNED

W. C. DAVIS LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 4-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 25 April 1954

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 20 April 1954

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: W. E. JARVINS Funeral Home

ADDRESS: 1432 U Street NW, Washington, D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3755

CERTIFICATE OF DEATH

03824

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanit.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C
STREET ADDRESS (If rural, give location) 1214 Kennedy St NW

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) B (Last) SMITH
4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 9 1889
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Wash. DC
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Adolph Levy
14. MOTHER'S MAIDEN NAME: Margaret Herbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Robert M Smith 1214 Kennedy NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) (1) Chronic Nephritis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Jan 23, 19 54, to April 7, 19 54, that I last saw the deceased alive on April 6, 19 54, and that death occurred at 7:50 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Virgil L Ball MD 7855 Eastern Ave Silver Spring Md April 7 1954

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 4-9-54 — NAME OF CEMETERY OR CREMATORY Rock Creek — LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. April 7 1954 — REGISTRAR'S SIGNATURE J. Wilson Dodd — 24. FUNERAL DIRECTOR — ADDRESS Deal Funeral Home 4812 Ga Ave NW Wash. D.C.

APR

MARYLAND

03825

STATE DEPARTMETT OF HEALTH

3756

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 7016 9th Street NW

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Grover (Last) Smith

4. DATE OF DEATH (Month) April (Day) 5 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH January 1, '85

9. AGE last birthday 69 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Abraham S. Smith

14. MOTHER'S MAIDEN NAME Annie Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

54

Immediate cause (a) Chronic Nephritis with Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent acute myocardial infarction Cerebral hemorrhage Chronic duodenal ulcer (healed)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1952, to 4-5, 1954, that I last saw the deceased alive on 4-5, 1954, and that death occurred at 10 58 a.m., from the causes and on the date stated above.

SIGNATURE Dean H Harding (Degree or title) MD ADDRESS 113 Carroll St NW Wash DATE SIGNED APR 5 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Apr. 8, 1954 NAME OF CEMETERY OR CREMATORY Church Hill Cem. LOCATION (City, town, or county) Church Hill. (State) Md.

DATE REC'D BY LOCAL REG. Apr. 5th, 1954 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Martin W. Hysong Co. ADDRESS 1300 - N 28 NW Washington, D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 7 19
BUREAU V. S

MARYLAND

STATE DEPARTMENT OF HEALTH 03826

3833 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: District of Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Rural — LENGTH OF STAY (In this place): 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): 3700 Foot Place NE

3. NAME OF DECEASED (Type or Print)	(First) Thelmo	(Middle) S.	(Last) STEPHENS	4. DATE OF DEATH	(Month) April (Day) 16 (Year) 1954
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: 5-23-12	9. AGE last birthday: 41 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): South Carolina	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Hampton STEPHENS			14. MOTHER'S MAIDEN NAME: Clara MARTIN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If year, give war or dates of service) WW II	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Wife: Mrs. Marie E. STEPHENS 3700 Foot Place NE, Washington, D.C.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) Bronchogenic Adenocarcinoma

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes X No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 April, 1954, to 16 April, 1954, that I last saw the deceased alive on 16 April, 1954, and that death occurred at 7:02 a.m., from the causes and on the date stated above.

SIGNATURE: J. L. Keating (Degree or title) ADDRESS: J. L. KEATING LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 4-19-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 19 April 1954	NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG. 4-22-54	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: W.E. Jarvis Funeral Home	ADDRESS: 1432 U Street, N.W., Washington, D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 21 1954
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3834

CERTIFICATE OF DEATH

Reg. Dist. No. 03827 / 14

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leeswood

LENGTH OF STAY (in this place): 5 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mary Russell Convalescent Home, Leeswood Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location): 8 - 14th St., S.C. ✓

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) (Last) Stewart

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co., Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Joseph Stewart - 1812 - H St., N.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cardio renal disease & Edema — DUE TO

(c) Arthritis Deformans

INTERVAL BETWEEN ONSET AND DEATH: 4.29.54

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Blind.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1954 to April 29, 1954, that I last saw the deceased alive on April 29, 1954, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Melvin Lewell, M.D. Leesburg, Va. 4.30.54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	May 3, 1954	Mt. Olivet, Wash. D.C.	Washington, D.C.

DATE REC'D BY LOCAL REG. 5-3-54 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR ADDRESS

Alexander L. Pope #637

414-15TH ST., S.E. WASH., D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

3835 FOR MEDICAL EXAMINERS

03828

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Maryland; LENGTH OF STAY (in this place): 28 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center Nat'l. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington D. C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.; STREET ADDRESS (If rural, give location): 1317 Emerald St. , N. E.

3. NAME OF DECEASED (Type or Print): (First) Lee (Middle) (Last) Sturdivant

4. DATE OF DEATH: (Month) April (Day) 17, (Year) 1954

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 19 June, 1893

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not stated

10b. KIND OF BUSINESS OR INDUSTRY: Not stated

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Leon Sturdivant

14. MOTHER'S MAIDEN NAME: Harriet Ratliff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT AND ADDRESS: The medical record, Clinical Center NIH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a). Subdural hematoma, right acute, with uncinate hernia and right posterior cerebral infarction — 17½ hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b). .....

(c) Carcinoma of prostate with extensive lymph node metastasis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Bethesda | (COUNTY): Monty | (STATE): Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: 4-17-54-12:20 A m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR?: Fell from bed

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 4-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/22/54 | NAME OF CEMETERY OR CREMATORY: Lexington Park | LOCATION (City, town, or county) (State): Lexington Park, Md

DATE REC'D BY LOCAL REG.: 4/1/54 | REGISTRAR'S SIGNATURE: Rosalie M. Thompson

24. FUNERAL DIRECTOR: Johnson & Jenkins Funeral Home ADDRESS: 1702-12th St. N.W. Wash. D.C.

Johnson & Jenkins Funeral Home -
1702 - 15th St NW DC.

No 7-7036 #188

RECEIVED
APR 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 13829

3836 CERTIFICATE OF DEATH Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,901 Hobson Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 10,901 Hobson Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Vivian (Last) Sutton

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: C.&P. Tel. Co.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Felix Sutton

14. MOTHER'S MAIDEN NAME: Sarah Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Frances V. Sutton, 10,901 Hobson St. Kensington, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x IMMEDIATE CAUSE

(A) Uremia due to Nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Generalized Arteriosclerosis — 20 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Thrombosis Popliteal Artery Rt at 2 wks

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16 1953, to April 27 1954, that I last saw the deceased alive on Apr 26, 1954, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE, M. D. John J. Curry ADDRESS 1301 Georgia Ave DATE SIGNED April 27, 54

23. BURIAL, CREMATION REMOVAL (SPECIFY) Burial

DATE THEREOF 4/30/54

NAME OF CEMETERY OR CREMATORY St. John's Cemetery

LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 4/29/54

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner & Dumphrey Silver Spring, Md. 8434 Georgia Ave.

RECEIVED
MAY 4 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3837

03830

CERTIFICATE OF DEATH

Reg. Dist. No. 54

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: MONT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LENGTH OF STAY (in this place): 27 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kensington Gardens Nursing Home	STREET ADDRESS (If rural, give location): 1005 Merrack Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Jennie Tausch			4. DATE OF DEATH (Month) (Day) (Year): 4 22 1954		
5. SEX: F	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: Jan 12-1873	9. AGE last birthday: 81 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Thomas Riley			14. MOTHER'S MAIDEN NAME: Jane Breshen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Congestive Heart Failure	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	1 to 2 yrs
	(c) Respiratory failure & Vascular collapse	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3, 1953, to April 20, 1954, that I last saw the deceased alive on April 20, 1954, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip E. Jones M.D.	918 Ellsworth Drive Silver Spring Md		4-22-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF: 4-22-54	NAME OF CEMETERY OR CREMATORY: Calvary Cemeter	LOCATION (City, town, or county): Cleveland	(State): Ohio
DATE REC'D BY LOCAL REG.: 4-22-54	REGISTRAR'S SIGNATURE: [illegible]	24. FUNERAL DIRECTOR: Heal Funeral Home	ADDRESS: 4812 Fulton Washington D.C.	

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03831

3838 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place) 5 Hr. - 40 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 12406 Georgia Ave.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) Wesley (Last) TAYLOR

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: April 7, 1866

9. AGE last birthday 88 yrs; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector

10B. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J. W. Taylor

14. MOTHER'S MAIDEN NAME: Catherine Cobb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Theresa M. Posey 12406 Georgia Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Acute Coronary Thrombosis

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized arteriosclerosis

DUE TO (C) Senescence

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 53, to April, 19 54, that I last saw the deceased alive on 4/12, 19 54, and that death occurred at 11 P M, from the causes and on the date stated above.

SIGNATURE Belden R. Leap M. D. ADDRESS Silver Spring, Md. DATE SIGNED 4/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 4/15/54; NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery; LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 4/17/54; REGISTRAR'S SIGNATURE Bessie R. Thompson

24. FUNERAL DIRECTOR Warner E. Lumpkins ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
APR
BUREAU

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03832

3839

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sandy Spring
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) E (Last) Thomas

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 25, 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas

14. MOTHER'S MAIDEN NAME: Angeline Hood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Anna Johnson (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Coronary Embolism — Interval between onset and death: April 11

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Femoral Thrombosis Right — April 5

DUE TO

(c) Arteriosclerotic C.R. Disease

442 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostatectomy 1937. Urinary Fistula-Perineum 1937

19a. DATE OF OPERATION: 1937

19b. MAJOR FINDINGS OF OPERATION: Stricture Urethra. Prostatic Hypertrophy.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from April 30 1937 to April 11 1954, that I last saw the deceased alive on April 10 1954, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE Webster Sewell (DEGREE OR TITLE) M.D. ADDRESS Silver Spring DATE SIGNED 4/14/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF 4/13/54

NAME OF CEMETERY OR CREMATORY Ashe Memorial

LOCATION (City, town, or county) Sandy Spring (State) Md

DATE REC'D BY LOCAL REG. 4/20/54

REGISTRAR'S SIGNATURE Gertrude Leudy

24. FUNERAL DIRECTOR R.L. Snowden ADDRESS Rockville, Md

RECEIVED
APR 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03833

3757

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Grant Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 109 Grant Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Rebecca Jane Thomas

4. DATE OF DEATH: (Month) (Day) (Year) April 30, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 1, 1859
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Smithfield Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allen Mitchell
14. MOTHER'S MAIDEN NAME: Sarah Frye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: 109 Grant Avenue Mrs. Della Bixler, Takoma Park 12, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Myocardial insufficiency	2 wks.
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease	yrs.
	DUE TO	
	(c) Generalized arteriosclerosis	Years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.
Totally blind — 3 months
Marked malnutrition — 2 months.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to April 30, 1954, that I last saw the deceased alive on April 24, 1954, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Wallace N. Mook M.D. 7701 Carroll Ave. Takoma Pk, Md. 4-30-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 4 1954
NAME OF CEMETERY OR CREMATORY —
LOCATION (City, town, or county) Smithfield, (State) Penna.

DATE REC'D BY LOCAL REG. 4-30-1954
REGISTRAR'S SIGNATURE J. Wilm Dodd
24. FUNERAL DIRECTOR Arthur Callers 254 Carroll St. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

I

RECEIVED
MAY 4 1954
BUREAU V.

Film#G165 Item# 7 5/7/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3840 **CERTIFICATE OF DEATH** 03834

Reg. Dist. No. 216

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

LENGTH OF STAY (in this place) 4 1/2 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1713 Irving St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Belle (Last) Timpson

4. DATE OF DEATH: (Month) (Day) (Year) April 30 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Mar. 27-1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram G. Place

14. MOTHER'S MAIDEN NAME: Sarah Golden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Wm. D. Macy III 2803 Q. St. N.W. Washington, DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Hypertensive heart disease — Interval Between Onset and Death: 2 years

DUE TO

Antecedent cause(s) (b) Hypertension — 15 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to April 30, 1954, that I last saw the deceased alive on April 29, 1954, and that death occurred at 10:10 A.m., from the causes and on the date stated above.

SIGNATURE Dr Joseph Kenrick (DEGREE OR TITLE) ADDRESS 6450 Wisconsin Ave, Chevy Chase, Md. DATE SIGNED 4/30/54

23. BURIAL, CREMATION REMOVAL (Specify): Removal-Burial

DATE THEREOF 5/3/54

NAME OF CEMETERY OR CREMATORY Cypress Hills

LOCATION (City, town, or county) (State) Brooklyn N.Y.

DATE REC'D BY LOCAL REG. ~~4-30~~-54 5/2

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 4
BUREAU V. S.

Film#G165 Item# 14 4/27/54 emf

03835

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3841

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH — COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, Maryland
STREET ADDRESS (If rural, give location) R. R. # 1.

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) P. (Last) TUMULTY
4. DATE OF DEATH (Month) April 8, (Day) 1954 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 5, 1879
9. AGE last birthday 74 yrs. If under 1 year Months 11 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Lawyer
11. BIRTHPLACE (State or foreign country) Jersey City, N. J.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Philip Tumulty
14. MOTHER'S MAIDEN NAME Alicia Dalton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Joseph P. Tumulty, Jr. "Ashwood" Olney, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

611X Immediate cause (a) Pulmonary Embolus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatic Carcinoma

(c) Cystitis Acute

INTERVAL BETWEEN ONSET AND DEATH: [illegible] P. 5 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1941, to April 8, 1954, that I last saw the deceased alive on April 7, 1954, and that death occurred at 5 A m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Philip A. Caulfield M.D.

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 4/10/1954
NAME OF CEMETERY OR CREMATORY St. Mary's Catholic
LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 4-10-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR ADDRESS Joseph Gawler's Sons 1756 Pa. Ave. N. W. Washington, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1954
BUREAU V. S.

03836

MARYLAND

STATE DEPARTMETT OF HEALTH

3842

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural — LENGTH OF STAY (in this place) 2mo 8days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) 8921 Bradmoor Drive

3. NAME OF DECEASED (Type or Print)	(First) Rolf	(Middle) Edward	(Last) TURMO	4. DATE OF DEATH	(Month) April	(Day) 12	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 6-9-18	9. AGE last birthday 35 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) North Dakota		12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Olaf TURMO			14. MOTHER'S MAIDEN NAME Ellen THOMPSON				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW II Yes	(If year, give war or dates of service) WW II	16. SOCIAL SECURITY NO. 577-24-0911	17. INFORMANT AND ADDRESS Wife: Mrs. Evelyn E. TURMO 8921 Bradmoor Drive, Bethesda, Maryland				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMATOSIS	2 MOS.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ADENOCARCINOMA, PRIMARY SITE UNKNOWN	4 MOS
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Feb, 1954, to 12 April, 1954, that I last saw the deceased alive on 12 April, 1954, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

SIGNATURE P. R. JAMES LT MC USN (Degree or title) U. S. Naval Hospital, ADDRESS NNMC, Bethesda, Maryland DATE SIGNED 4-12-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 14 April 1954	NAME OF CEMETERY OR CREMATORY National Cemetery	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. 12 April 1954	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Chevy Chase Funeral Home 5101-5103 Wisc.Ave., Washington, D. C.	ADDRESS

MARGIN RESERVED FOR BINDING

MARYLAND

STATE DEPARTMENT OF HEALTH 03837

3843 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3726 Connecticut Avenue NW

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Orange (Last) VANDERBURG
4. DATE OF DEATH (Month) April (Day) 16 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-18-96
9. AGE last birthday 58 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Department Foreign Service Officer
10b. KIND OF BUSINESS OR INDUSTRY Government Employee
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Vincent VANDERBURG
14. MOTHER'S MAIDEN NAME Josina Orange
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 30June 1917 to 12 May 1919
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wife: Frances VANDERBURG 3726 Connecticut Avenue, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Glomerulonephritis, Chr. — Interval between Onset and Death

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22March, 1954, to 16 April 1954, that I last saw the deceased alive on 16 April, 1954 and that death occurred at 9:00 p m., from the causes and on the date stated above.

SIGNATURE J.R.Shanahan (Degree or title) LT MC USN ADDRESS U.S.Naval Hospital NNMC, Bethesda, Md. DATE SIGNED 17 April 54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE 19 April 1954 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG. 17 April 1954 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR R.A.Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland

MARGIN RESERVED FOR BINDING

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03838

3844 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 6327 Meadow Lane

3. NAME OF DECEASED: (First) MAURICIO (Middle) — (Last) VERGARA
4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Spaniard
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child
8. DATE OF BIRTH: July 20, 1951
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Spain
12. CITIZEN OF WHAT COUNTRY? Spain
13. FATHER'S NAME: Jose VERGARA
14. MOTHER'S MAIDEN NAME: Eugenia Lopez DeDay GOMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S ADDRESS: Jose Vergara, Jr. Chevy Chase 6327 Meadow Lane

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 922.0 (A) Asphyxia — 2 Hrs.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Foreign Body Lodged in Trachea

(C) Reliore By Dr John Ball. Ass. Coroner

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) April (Day) 11 (Year) 1954 (Hour) 11 A.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? Foreign Body Lodged in Trachea

22. I hereby certify that I attended the deceased from . , 19 . . , to . . . . . , 19 . . . . , that I last saw the deceased alive on . . . . . , 19 . . . . , and that death occurred at 12:31 P.M., from the causes and on the date stated above.

SIGNATURE Dr J D Davison M.D. ADDRESS 2741 34th st NW Wash D.C. DATE SIGNED April 11 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-12-54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 4/12/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphreys
ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3758

CERTIFICATE OF DEATH

Reg. Dist. No. 03839 ~~22~~ 23

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.

LENGTH OF STAY (in this place) 12 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: Pr. Dec

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. Hyattsville

STREET ADDRESS (If rural, give location) (Parents) 1423 Kanawha St. Hyattsville, Md

3. NAME OF DECEASED: (Type or Print) (First) NELSON (Middle) PAUL (Last) Wagner

4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-13-54

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Nelson P. Wagner

14. MOTHER'S MAIDEN NAME: Margaret Holbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records. Washington San. & Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 762.5

		Interval Between Onset and Death
Immediate cause	(a) Anoxia	—
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Atelectasis	—
DUE TO		
	(c) Prematurity	—

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 April, 1954, to 25 April, 1954, that I last saw the deceased alive on 25 April, 1954, and that death occurred at 2.50 p.m., from the causes and on the date stated above.

SIGNATURE Charles R. Hughes, M.D. (DEGREE OR TITLE) ADDRESS Silver Spring DATE SIGNED 25 April 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4-26-54

NAME OF CEMETERY OR CREMATORY Mr. Rock

LOCATION (City, town, or county) (State) Lewistown, Penna.

DATE REC'D BY LOCAL REG. 4-25-54

REGISTRAR'S SIGNATURE J. Wilkins Dodd

24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. N.W. Wash. D.C.

2.44212270

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 27 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03840

3845 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 712 Ritchie Ave

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Albin (Last) Wahlstrom Sr.

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: April 8, 1908 | 9. AGE last birthday: 46 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albin Ferdinand Wahlstrom | 14. MOTHER'S MAIDEN NAME: Anna Mary McCauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO | 17. INFORMANT'S ADDRESS: Ruth Helena Wahlstrom. (wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 IMMEDIATE CAUSE (A) ~~Chronic fatty infiltration of~~ hepatitis ~~cirrhosis~~ DUE TO ~~hepatitis emphysema~~ 5d

ANTECEDENT CAUSE (S) (B) Cirrhosis of the liver DUE TO 20 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulm. cong. + edema, myoc. failure Terminal

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954 to April 23rd, 1954, that I last saw the deceased alive on April 22nd, 1954, and that death occurred at 1145 M, from the causes and on the date stated above.

SIGNATURE Merlin J. Wright Jr. M. D. ADDRESS 9427 Georgia Ave Silver Spring DATE SIGNED April 24, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 26, 1954 | NAME OF CEMETERY OR CREMATORY Parklawn Cemetery | LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 4/26/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St NW DC

RECEIVED
APR 28 1954
BUREAU V

03841

MARYLAND

STATE DEPARTMETT OF HEALTH

3846 CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 2 month 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS 201-B South Court Road (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Taylor (Last) WARD Jr.

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 10-14-52

9. AGE last birthday: 1 yrs. If under 1 year: Months 6, Days 18 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Arthur Taylor WARD

14. MOTHER'S MAIDEN NAME: Esther Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: ---

17. INFORMANT AND ADDRESS: Father: Arthur Taylor WARD 201-B South Court Road, Aberdeen, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) 145 X Anoxia	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hydrothorax, rt.	1½ mo.
	(c) Neuroblastoma, chest neck	2½ mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Feb 1954 to 16 April 1954 that I last saw the deceased alive on 16 April, 1954 and that death occurred at 1:05 P m., from the causes and on the date stated above.

SIGNATURE Marvin S. Allen (Degree or title) LT MC USN ADDRESS U.S. Naval Hospital NNMC Bethesda, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE April 20, 1954

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county, (State)) Arlington, Virginia

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland

APR 10 1954
BUREAU V. S.

03842

3847

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10309 Armory Ave.	STREET ADDRESS (If rural, give location) 10309 Armory Ave.

3. NAME OF DECEASED (Type or Print) (First) AUGUSTUS (Middle) T. (Last) Warthen

4. DATE OF DEATH (Month) April (Day) 1, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W	Married	2-14-'72	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Builder	Self Emp.	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathan Warthen	Augusta Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Edith A. Warthen-Item#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage on 3/25/54 — 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Generalized — yrs.

(c) [illegible] — yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No	—	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
NO		—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NO m.		

22. I hereby certify that I attended the deceased from 1950, 19....., to 4/1/54, 19....., that I last saw the deceased alive on 3/31/54, 19....., and that death occurred at 7:45A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Allen M.D. ADDRESS Kensington, Md. DATE SIGNED 4/1/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-3-54	Damascus Meth. Ch. Cem.	Damascus, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/1/54	[signature]	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03843

3448

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4610 Highland Ave.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) B (Last) Watkins

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: April 5, 1906 | 9. AGE last birthday: 48 yrs. | IF UNDER 1 YEAR: Months 0 Days 2 | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk | 10B. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Alburn Watkins

14. MOTHER'S MAIDEN NAME: Jeanette Broadhurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. yes

17. INFORMANT & ADDRESS: Mrs Edna B. Watkins- Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
578.2 IMMEDIATE CAUSE	(A) Hemorrhage, Esophagus	6 mo
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Rupt. Esophageal Varices	?
	DUE TO (C) Portal Cirhosis —	?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1954, to 4/7, 1954, that I last saw the deceased alive on 4/7, 1954 and that death occurred at 2:45 PM, from the causes and on the date stated above.

SIGNATURE Bradley D Hodgkins | ADDRESS 313 W. Bradley, Ch. Ch. Md | DATE SIGNED 4/7/54
M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-9-54 | NAME OF CEMETERY OR CREMATORY Brownsville Methodist Church Cemetery | LOCATION (City, town, or county) (State) Brownsville, Md.

DATE REC'D BY LOCAL REGISTRAR 4/7/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Dumphrey | ADDRESS Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND

03844

STATE DEPARTMENT OF HEALTH

3849 CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Rural
MARYLAND LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 4516 Cortland Drive

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Lillian (Last) WELDON

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 7-22-78

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Frederick ROTH

14. MOTHER'S MAIDEN NAME: Carrie SEIBERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): - -

16. SOCIAL SECURITY NO.: - -

17. INFORMANT AND ADDRESS: Son, Albert Roth WELDON 4516 Cortland Drive Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)..... Cerebral Vascular insult

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... Generitine & Enterion nausea (c).....

INTERVAL BETWEEN ONSET AND DEATH: (a) 7 days; (b) 15 min.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 April, 1954, to 14 April, 1954, that I last saw the deceased alive on 14 April, 1954, and that death occurred at 2:30 Pm., from the causes and on the date stated above.

SIGNATURE S. R. Mills Jr. (Degree or title) ADDRESS: S. R. MILLS JR LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

DATE SIGNED: 4-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial

DATE: 19 April 1954

NAME OF CEMETERY OR CREMATORY: Fern Cliff Cemetery

LOCATION (City, town, or county) (State): Bronx, New York

DATE REC'D BY LOCAL REG.: 14 April 1954

REGISTRAR'S SIGNATURE: Mary E. Barnett

24. FUNERAL DIRECTOR: R. A. PUMPHREY FUNERAL HOME

ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

3850 **CERTIFICATE OF DEATH** 03845

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; MARYLAND LENGTH OF STAY (In this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2607 Woburn Dr	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 2607 Woburn Dr

3. NAME OF DECEASED (Type or Print)	(First) Cynthia	(Middle) Louise	(Last) Wells	4. DATE OF DEATH	(Month) April	(Day) 12	(Year) 1954		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.	
female	white	single	3-8-52	2 yrs.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13. FATHER'S NAME William Wells		14. MOTHER'S MAIDEN NAME Jean Youngquist							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Father - Same as Above						

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
932.0 Immediate cause	(a) Asphyxia due to small rubber	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) baloon lodged in Throat	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS ✓ PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Silver Spring	(COUNTY) Mont	(STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY 4-12-54-11:45 A.m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Playing with Small Baloon which became lodged in Throat		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bourgart	M. D.	Gaithersburg Md	4-12-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Tr ns. Burial	4/13/54	Lakeview Cemetery	Jamestown, New York	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-12-54	[illegible]	Warner L. Dempsey	8434 Ga. Ave. Silver Spring, Maryland

RECEIVED
1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03846

3851 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSINGTON HEIGHTS
LENGTH OF STAY (in this place) 2 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSINGTON HEIGHTS
STREET ADDRESS (If rural give location) 10817 HOBSON ST.

3. NAME OF DECEASED: (Type or Print) (First) Georgia (Middle) (Last) Williams
4. DATE OF DEATH: (Month) APRIL (Day) 9 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: MARCH 5, 1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (State or foreign country): ST. BONIFANCE, PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN JACKMAN
14. MOTHER'S MAIDEN NAME: MARY KLINE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS. JAMES E. SHEA 10817 HOBSON ST. KENSINGTON HEIGHTS, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

260X

Immediate cause (a) Postero-lateral myocardial Infarct. — 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterio-sclerotic Hypertensive Heart disease

DUE TO

(c) Diabetes mellitus

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28, 1953, to 4/8, 1954, that I last saw the deceased alive on 4/8, 1954, and that death occurred at 1.15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Benjamin, M.D. ADDRESS 900 17th N. W. WASH. D.C. DATE SIGNED 4/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF APRIL 12, 1954
NAME OF CEMETERY OR CREMATORY FT. LINCOLN CEMETERY
LOCATION (City, town, or county) PRINCE GEORGE CO. (State) MD.
DATE REC'D BY LOCAL REGISTRAR 4/12/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR S. H. Hines co. ADDRESS 2901-14th ST. N.W. WASH. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1954
BUREAU V. S.

Film#G165 Item# 8 5/3/54 emf 7/23/89

03847

MARYLAND — STATE DEPARTMETT OF HEALTH

3852 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X — LENGTH OF STAY (in this place) 13 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6722 Selkirk Court X	STREET ADDRESS (If rural, give location) 6722 Selkirk Court

3. NAME OF DECEASED (Type or Print)	(First) Jerald	(Middle) G.	(Last) WOOLEY	4. DATE OF DEATH	(Month) April (Day) 20 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7/~~21~~ 28/1884 9	9. AGE last birthday 64 yrs.	If under 1 year Months 8 Days 29 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Med. Physician	10b. KIND OF BUSINESS OR INDUSTRY USPHS		11. BIRTHPLACE (State or foreign country) South Carolina	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph L. Wooley			14. MOTHER'S MAIDEN NAME Sarah V. Freeman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Bernice Wooley-Same Item #2		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1		
Immediate cause (a)	CORONARY Occulsion	1/2 Hour
Antecedent cause(s) (b)	Coronary Arteriosclerosis	6 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Myocardial infarction old	3 years.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ —	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar. 1, 1947, to April 20, 1954, that I last saw the deceased alive on Mar 26, 1954, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank S. Bacon	M.D.	1150 Conn ave. N.W.	April 20, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4-22-54	NAME OF CEMETERY OR CREMATORY Parklawn	LOCATION (City, town, or county) (State) Rockville, Maryland
DATE REC'D BY LOCAL REG. 4/22/54	REGISTRAR'S SIGNATURE Bessie M. Thompson	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

I

April 20, 1954

The Coroner of Montgomery County has been notified and will approve

Frank S. Beaver M.D.

RECEIVED
APR 23 1954
BUREAU V. S.